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AUTHOR Ostrander, Betty; And Others
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ABSTRACT

Text, illustrations, and reinforcement exercises are utilized in these nine learning modules to instruct nurses and expectant mothers in topics related to pre-natal care, labor, and post-partum readjustment. The first module, "Pre-Natal Evaluation" by Betty Ostrander, teaches the nurse to diagnose toxemia of pregnancy. The second module, "Preparation for Childbirth" by Juanita L. Gwynn, describes natural childbirth, labor, the timing of contractions, relaxation exercises, breathing techniques, and effleurage. The third module, "The Labor Experience" by Doris Haak, discusses the physical stages of labor and the physical and emotional reactions of the mother. The next four modules, by Dana Mochel, are "What Happens When Labor Begins," which reviews the signs of true labor and discusses what happens after checking in at the hospital; "In the Labor Room," which details what to expect during labor and delivery at a hospital; "Does Labor Have to Hurt?," which reviews breathing and medical techniques that relieve pain; and "Your Hospital Stay," which describes hospital procedures used in caring for a mother and her baby after delivery. The eighth module, "Getting Back in Shape or Post Partum Exercises" by Ann Hodges, details an exercise routine. The ninth module, "Post Partum Interview" by Caro Van Stryk, is designed to teach nurses the purpose and components of such interviews. The modules take from 10 to 30 minutes to complete. (JP)

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HEALTH INSTRUCTION PACKAGES:

PREGNANCY AND CHILDBIRTH

Modules prepared by:

Betty Ostrander

Juanita L. Gwynn, RN, BSN

Dana Mochel, RN

Doris Haak

Ann Hodges

Caro Van Stryk

JC 810 319

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Pre-Natal Evaluation

By

Betty Ostrander

Lauren Richardson, Illustrator

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TITLE:	Pre-Natal Evaluation for Toxemia
AUTHOR:	Betty Ostrander
INSTITUTION:	Brookdale Community College, Lincroft, N.J.
INTENDED STUDENTS:	Second level nursing
ESTIMATED WORKING TIME:	10 minutes
MATERIALS NEEDED:	None
REVISED:	November 1, 1977

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INTRODUCTION

The nurse is expected to evaluate the health status of the pregnant woman as she visits her doctor's office or the clinic. Toxemia of pregnancy is a common complication of the second and third trimester. This learning package emphasizes the beginning symptoms of this entity.

OBJECTIVES OF UNIT

Overall Objective

The student will evaluate the health status of a pregnant mother - gravida 1 - para o - age 17 years at 24 weeks gestation.

Sub-objectives

1. Read and interpret the following information recorded on the mother's chart:

   socio-economic background
   medical history
   obstetric history
   emotional status

2. Name other members of the health team who could provide information about the mother.

3. Explain the rationale for doing the following evaluations at this time in pregnancy.

   weight
   blood pressure
   urinalysis
   height of the fundus
   fetal heart rhythm

4. Compare and interpret the most recent results of these evaluations with the previous results recorded on the mother's chart.

PRACTICE EXERCISE #1

The nurse is responsible for doing the initial evaluation on pregnant women visiting their doctor's office or clinic. To do this, you should be familiar with the mother's socio-economic background, medical and obstetric history and emotional reaction to this pregnancy.

Practice Question

You are about to do an evaluation of Mary Doe. She is in her 24th week of gestation. Information that could be gathered from the patient's chart would include:

a. medical history
b. obstetric history
c. socio-economic background
d. emotional status

1) a - b

2) b - c - d

3) a - b - d

4) a - b - c - d

Feedback

To evaluate the health status of the mother it is essential that the nurse know and interpret the following information about her patient: socio-economic background; emotional status; medical and obstetric history. This information can usually be found on the patient's chart. The answer is 4.

PRACTICE EXERCISE #2

However, you can usually supplement these basic facts with information gathered from other members of the health team. They may provide a more comprehensive, well-rounded portrait of the mother. These people could include the public health nurse, social worker, doctor or midwife.

Practice Question #2

You have read the mother's chart but wish additional information about this patient. Health workers, who are available for consultation, would include:

A.
B.
C.

Feedback

Members of the health team, who could provide an ongoing personal picture of your patient, could include the social worker, physician, public health nurse and the midwife.

PRACTICE EXERCISE #3

The following evaluations are done during each prenatal visit:

weight, B.P., urinalysis, fetal heart, height of the fundus.

You are evaluating a young primigravida at 24 weeks' gestation. You recall that primigravidas have the highest incidence of toxemia. They must be carefully evaluated for beginning symptoms of this complication during the second and third trimester. Growth and Development of the fetus is, also, of concern because the mother is undergoing bodily growth and may not be eating sufficient nutrients to provide for adequate fetal and personal growth.

Evaluation	Rationale
1. weight	rapid, sudden increase is symptomatic of edema - beginning toxemia
2. blood pressure	increase in blood pressure is symptomatic of beginning toxemia
3. urinalysis	proteinuria is usually the last and most serious symptom of toxemia
4. height of the fundus	normal rise - steady growth of the fetus
5. fetal heart rate rhythm	the fetal heart can be easily heard through the abdominal wall at this time. Fetal heart rate should be between 120-140 rhythmics

Practice Question #3

Your objective is to evaluate a primigravida, age 17 at 24 weeks' gestation. Why would you carry out the following evaluations at this time?

1) weight
2) blood pressure
3) urinalysis
4) fetal heart rate
5) height of fundus

Feedback

The patient is a very young girl experiencing her first pregnancy. At this time, the nurse should be very alert for symptoms of toxemia which could include rapid excessive weight gain, increased blood pressure and albuminuria. The growth and development of the fetus must be carefully monitored because of the nutritional drain caused by a double growing pattern.

PRACTICE EXERCISE #4

You can now compare the results of previous evaluations with the current one. You find an increased B.P. from 120/80 to 140/90, a weight increase of 5 pounds since her last pre-natal visit; urinalysis - negative. You interpret these results as symptomatic of mild toxemia, recalling that albuminuria is the last and most serious symptom of this complication. Fetal heart rate - normal. Height of the fundus is normal.

Practice Question #4

1) The mother has demonstrated a weight gain of 10 pounds since her last prenatal visit. You are aware that this probably indicates:

a. autoimmunization
b. twin pregnancy
c. edema
d. diabetes

2) Because of the rapid weight gain you would carefully check the results of which of the following evaluations:

a. blood pressure
b. fetal heart rate
c. urinalysis
d. height of the fundus

1) a - b - d
2) a - c
3) c - d
4) a - b - c - d

Feedback

Rapid weight gain at this time in pregnancy would probably indicate edema and beginning toxemia in this patient. You would carefully check blood pressure, which might be increased, and the patient's urine for the presence of albuminuria. You are aware that toxemia could be a major complication in a very young primigravida and that as a nurse you should be alert for any symptoms so that immediate medical intervention can be instituted. . .

The answer to question 1) is c.

The answer to question 2) is 2.

OVERALL OBJECTIVE

You have been asked to evaluate the health status of a young primigravida at the 24th week of gestation. Toxemia of pregnancy may occur at this time; so your evaluation would be directed toward discovering any symptoms of early preeclampsia. As you carried out your evaluation you found that Mary Doe did indeed manifest signs of toxemia.

Question

1) Early symptoms of toxemia would include;

A.
B.
C.

Feedback

You have properly evaluated Mary Doe. She has exhibited two of the symptoms; rapid weight gain or edema, increased blood pressure. She does not show the third - proteinuria. Medical care can now be prescribed.

2) Now that you have completed this learning package, would you recommend it to your fellow students?

Yes_____ No_____

3) What revisions would you suggest to improve this learning experience?

POST-TEST

1. To evaluate the health status of any mother, you should recall and interpret the following information obtained from the mother's chart.

   a. medical history
   b. socio-economic background
   c. emotional status
   d. obstetric history

   1) a - b
   2) b - c - d
   3) a - b - d
   4) a - b - c - d

2. List the other members of the health team who could provide useful information about your patient.

   1)
   2)
   3)

3. Explain why each evaluation is important at this time in pregnancy.

   a. weight_____
   b. B.P._____
   c. urinalysis_____
   d. height of fundus_____
   e. fetal heart rate - rhythm_____

4. The mother demonstrated a weight gain of 10 pounds since her last prenatal visit. This could indicate:

   a. edema
   b. discord and pregnancy
   c. diabetes
   d. auto-immunization

5. Because of this weight gain, the nurse would be most concerned with the result of the following evaluations:

   a. blood pressure
   b. urinalysis
   c. height of the fundus
   d. fetal heart rate - rhythm

   1) b - d
   2) a - c - d
   3) a - b
   4) c - d

ANSWERS TO POST-TEST

1. 4

2. 1) Public Health Nurse
   2) Obstetrician.
   3) Social Worker

3. a. increase indicates edema
   b. B.P. increase symptomatic of toxemia
   c. urinalysis - proteinuria symptomatic of toxemia
   d. growth of fetus
   e. health status of fetus

4. a.

5. 3

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PREPARATION FOR CHILDBIRTH

By

Juanita L. Gwynn RN, B.S.N.

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TITLE OF PACKAGE:	Preparation for Childbirth
AUTHOR:	Juanita L Gwyn , R.N., B.S.N.
INSTITUTION:	St. Louis Community College at Forest Park
INTENDED STUDENTS:	Consumer
ESTIMATED WORKING TIME:	1 hour
MATERIALS NEEDED:	Blanket; pillows (preferably 2); tape recorder; tape; partner
REVISED:	March 15, 1978

Note to Instructor: The script to be recorded for use with this self-instructional unit begins on Page 23.

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INTRODUCTION

This guide is helpful in aiding mothers and their partners to participate actively and successfully in the birth of their child. It deals with labor, anatomy of the uterus, relaxation, concentration, exercise, breathing techniques, effleurage, and timing contractions.

After completing this unit you will be more prepared to successfully control yourself during labor and delivery. You will:

1. Describe natural childbirth
2. Fill in diagram of the uterus and describe function of the birth canal (vagina).
3. Define labor, expecially as to uterus changes
4. Describe and demonstrate how to time a contraction
5. Demonstrate concentration and relaxation exercise
6. Demonstrate the five following techniques of breathing:

   Cleansing breath

   Deep, slow chest breathing

   Panting

   Deep, slow chest breathing with panting

   Panting and blowing
7. Describe effleurage

Women who practice natural childbirth techniques basically experience the same kind of labor and delivery as other women. The same medications and anesthetics are available. But the women practicing natural childbirth techniques usually require a smaller amount of medication. These women also have more control over their contractions. There is active participation in the control of labor and delivery.

Practice Question 1

(Please write all answers on a separate paper)

In what ways do women who practice natural childbirth experience labor and delivery like women not using natural childbirth?

What are two usual differences for parents who practice natural childbirth?

Turn the page for immediate feedback.

Feedback

You are correct if you said:

a. Mothers who practice natural childbirth techniques experience basically the same labor and delivery as others.

b. They receive the same medication and anesthetics.

You are correct if you said:

a. Mothers who practice natural childbirth usually require smaller amounts of medications.

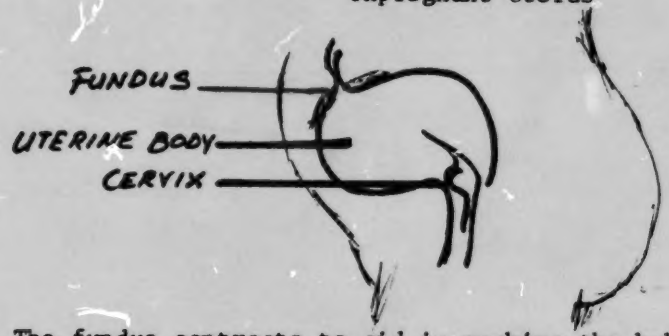
b. These mothers have more control over contractions.

c. These mothers actively participate in the control of the labor and delivery of their child.

TURN TO PAGE 5

This is a diagram of the uterus: Fundus - Uterine Body - Cervix

Unpregnant Uterus



1. The <u>fundus</u> contracts to aid in pushing the baby out. It is a landmark that the woman can feel at the top of her abdomen.
2. The <u>uterine body</u> holds the baby.
3. The <u>cervix</u> thins and flattens during the contraction. By doing so it opens up, so that the baby may come out. The cervix projects into the vagina.

<u>Practice Question 2</u>

Fill in the diagram of the uterus.

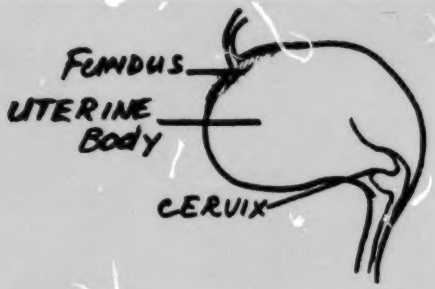
What does the cervix do during a contraction?

Is the vagina a part of the uterus?

TURN THIS PAGE OVER TO SEE IF YOU GUESSED RIGHT!

Feedback

Did your diagram look like this?



Then you labeled it correctly.

- The cervix thins and flattens during a contraction. It opens up, then the baby may come out.
- The vagina is not a part of the uterus.

Labor is the rhythmical contracting and relaxing of the uterus. The purpose of the contraction is to open the cervix so that the baby can be pushed out. The contractions may start low in the uterus and move upward over the top of the fundus. These contractions remain only for a few seconds and then gradually relax.

Practice Question 3

1) Define Labor

2) What happens in labor to the uterus. List at least three.

a. _____

b. _____

c. _____

Feedback

RIGHT!

1) It is the rhythmical contracting and relaxing of the uterine muscle.

2) a. The cervix opens.

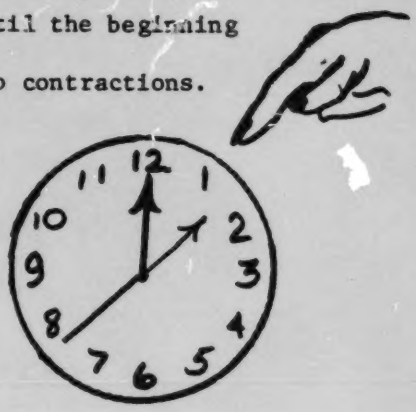
b. The baby is pushed out.

c. Contractions move in upward fashion.

d. Contractions only stay a few seconds and then relax.

TURN TO PAGE 9.

To time a contraction you must look at a clock. Observe the second hand of the clock. Count in <u>seconds</u> from the beginning of the tightening of the uterine muscle until it relaxes again. This is the <u>duration</u> of a contraction. Count in <u>minutes</u> from the beginning of one contraction until the beginning of the next contraction. This is the <u>interval</u> between two contractions.



<u>Practice Question 4</u>

The interval of a contraction is _____?

The duration of a contraction is _____?

Feedback

You've timed that just right, congratulations!

Duration is timed in seconds from the beginning of tightening of the uterine muscle until it relaxes.

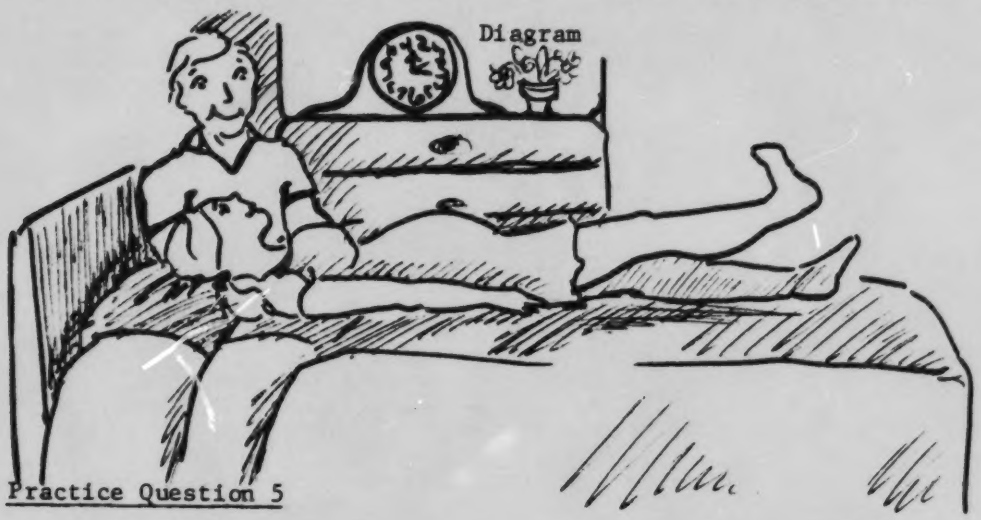
Interval is timedin minutes from the beginning of one contraction until the beginning of the next contraction.

Concentration-Relaxation. In order to relax it is important to open your eyes and focus on one thing, especially the clock! Now develop a slow steady breathing pace. Listen to yourself breathe. Your muscles will become loose and tension will go out on exhalation. Place yourself in a comfortable environment, this play an important key in relaxation. Keep away from drafts.

To practice concentration-relaxation exercise you need a partner to command you to contract and to relax.

1. Lie in comfortable postion (as shown in diagram)
2. Tighten entire limb, shoulder, arm, hand. Hold. Relax upon command - tighten other limbs in the same fashion, one at a time.
3. Remember to relax all parts of body not commanded to contract.
4. When told to relax allow limb to fall limply.
5. Partner should check limbs which are supposed to be relaxed.

Diagram



Practice Question 5

What are two important factors towards successful relaxation?

Now lie on the blanket and demonstrate with a partner relaxation-concentration exercise.

Feedback

You are relaxed if you

1. Listen to your own rhythmical breathing.
2. Open your eyes and focus on anything (even your partner)
3. Place yourself in a comfortable environment.

If you were able to tighten a limb (example - leg) and relax both arms and especially the other leg, you were successful.

This exercise takes lots of practice.

Don't get discouraged. Have patience!

Please read entire page, then follow instructions on the tape.

You will hear detailed instructions for five breathing techniques on the taped recording.

1. Cleansing breath
2. Deep slow chest breathing
3. Panting (whisper out on exhalation)
4. Deep slow chest breathing and panting
5. Panting and blowing

The taped voice will explain each technique, one at a time, demonstrate the technique, and instruct you to stop the tape and practice. After each practice, you will turn the tape recorder back on to hear some feedback and check your performance before the taped voice continues to the next technique. After you have completed the taped practice, have your partner check your performance of Practice Question 6. PLEASE TURN ON THE TAPE.

Practice Question 6

Now that you have been instructed on breathing patterns, lie down on the blanket with one pillow behind head, another pillow under knees. Demonstrate in sequence the following five breathing patterns: cleansing breath, deep slow chest breathing, panting, deep slow chest breathing and panting and panting and blowing. You will need a partner to check your breathing techniques.

Feedback

Your partner may want to turn the tape on to the demonstrations of the five breathing techniques to make sure you are performing each correctly.

Have patience, you can do it.

Practice makes perfect!

Effleurage. Now that you have established a definite breathing patterns, sit in a comfortable position (cross-legs). Focus your eyes.

1. Cup hands slightly.
2. Start at bottom of abdomen in the center.
3. Lightly, slowly and continuously stroke abdomen with fingertips in upward fashion to top of fundus while inhaling.
4. Stroke downwards incircling entire abdomen while exhaling. Return to starting position.

You have accomplished effeurage, a gentle massaging of the abdomen relaxing tense muscles. It is important to remember that the slow massage remains the same no matter what type of breathing pattern is used.

Practice Question 7

Now that you have established a rhythmical breathing pattern, sit on blanket, cross legs and demonstrate effleurage. Change your breathing pattern and try again.

Feedback

You performed well if you massaged with cupped fingertips, gently, at a slow steady pace, continued to move in an upward fashion to the fundus (top of uterus), encircled your abdomen, returning to the bottom of your abdomen in the starting position.

Control of the birth process. Labor is often thought of a pain. Many women respond to labor by tightening their muscles, moving about in bed and crying out, which causes more discomfort.

You have been taught differently. Now you know labor is only the contracting and relaxing of the uterine muscle. Responses that will make your labor and delivery more comfortable are: controlled breathing, relaxation, concentration and massage.

Practice Question 8

What are four responses to childbirth that will result in an easier delivery?

1) _____

2) _____

3) _____

4) _____

Feedback

Your delivery will be more pleasurable and comfortable if you:

1. Use the controlled breathing
2. Concentrate on what you are doing
3. Relax all your muscles
4. Use effleurage

POST-TEST

1. In what way is Natural Childbirth the same as other types of delivery?

   How is it different?

2. Describe what happens to the uterus during labor.

3. a) Label the diagram of the uterus.

   b) Describe the function of each part.

4. In understanding the timing of an uterine contraction

   a) Define the duration of a contraction.

   b) Define the interval of a contraction.

5. a) List three objectives helpful in relaxation.

   b) Demonstrate concentration - relaxation exercise.

6. Demonstrate the following breathing techniques.

   a) cleansing breath

   b) deep slow chest breathing

   c) panting

   d) deep slow chest breathing and panting

   e) panting and blowing

7. Fill in the blank

   Effleurage is _____

   Then demonstrate.

8. List four positive responses to labor and delivery.

   a) _____

   b) _____

   c) _____

   d) _____

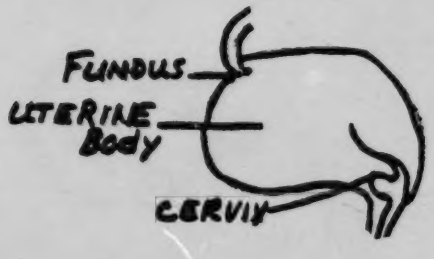
ANSWERS

1. Natural Childbirth is basically the same as other labors and deliveries. The same medicines and anesthetics are given.

   a) This method usually requires a lesser amount of medication. There is more control over the contractions. There is active participation in the labor and delivery.

2. There are rhythmical contractions and relaxation of the uterine muscle. The purpose of the contractions is to open the cervix and then push the baby out. Contractions begin low in the uterus - going to the top of the fundus, remaining a few seconds and then relaxing slowly.

3.



   b) Fundus - can be felt during contractions (landmark)

   Body - holds the baby

   Cervix - thins and flattens and opens

4. a) The duration is the counting in seconds of the contraction from beginning of tightening to the relaxing of the uterus.

   b) The interval of a contraction is the counting in minutes from the beginning of one contraction to the beginning of the next.

5. a) Listen to own breathing, open eyes, focus on anything (preferably the clock), place yourself in comfortable environment.

   b) Relaxation - Concentration: Limb contracts on command; all other limbs are relaxed; lift from floor the limb(s) relaxed; limb falls limply to floor.

6. Check sheet for breathing techniques.

   A partner is needed. Tell partner when contraction begins, heightens and ends.

   a) Cleansing Breath: Deep inhalation and exhalation before and after each contraction. Breathe in deeply through nose, hold a second, exhale slowly through parted lips. You can hear the breath exhaled.

   b) Deep Slow Chest Breathing: Cleansing breath above; breathe in deeply through nose, exhale through mouth, lips should be parted; chest moves upward and out. Abdomen remains relatively still; eyes open; establish rhythm - gradually reduce breaths per minute - six to nine respirations a minute; cleansing breath.

   c) Panting (High Chest Breathing): Cleansing breath; breathe in upper part of chest; keep mouth and nasal passages open (slight smile); move chest slightly; breathe lightly, rapidly, evenly; accentuate exhalation; use the word OUT while breathing in this matter; cleansing breath.

   d) Deep Slow Chest Breathing and Panting (high chest breathing): Cleansing breath; at beginning of contraction use deep slow chest breathing; when contraction reaches its peak use panting, on exhalation say in a whisper OUT; as the contraction lessens in intensity return to deep slow chest breathing; cleansing breath.

   e) Panting and Blowing: Cleansing breath; use panting as shown above and combine with blowing in this combination, pant - pant - blow; when urge to push occurs, blow forcibly through parted lips continuously until urge to push is gone; return to pant - pant - blow combination.

7. Effleurage is the gentle massaging of the abdomen. Effleurage is always done in a slow steady pace no matter what type of breathing pattern is used. Cup hands slightly; start at bottom of abdomen in the center; gently and slowly and continuously stroke fingertips up towards top of fundus while inhaling. While

exhaling stroke downwards incircling the entire abdomen to starting position.

8. Positive responses to labor and delivery:

   a) Controlled breathing

   b) Concentration

   c) Relaxation

   d) Massage

Script to be recorded for use with learning unit:

DIFFERENT TYPES OF BREATHING TECHNIQUES WHICH MAY BE HELPFUL TO YOU DURING YOUR LABOR AND DELIVERY

You may find that one is more helpful than the other. Fee free to use it. There are five types of breathing: Cleansing breath, deep slow chest breathing, panting (which is high chest breathing), deep slow chest breathing and panting, and panting and blowing. The manner in which we will practice these exercises is:

1. I will explain to you the type of breathing.
2. I will then demonstrate to you.
3. You will stop the tape and practice yourself.
4. You will turn the tape back on to determine if you are breathing properly.

Start timing your contractions for 30 seconds during these exercises. When you are at home you may practice for one minute at a time.

Cleansing breath: Cleansing breath is used at the beginning and end of every contraction no matter what type of breathing is used during the contraction. The purpose of this cleansing breath is to give bounderies to each contraction. It also provides extra oxygen when a panting type of breathing is used. You will inhale deeply through your nose, hold it a second and slowly exhale through parted lips. Demonstrated, it begins like this. DEMONSTRATION. Now stop the tape.....

If you have accomplished this type of breathing properly, it will sound like this. BREATHING DEMONSTRATION.

The next type of breathing is called deep slow chest breathing. Position yourself on the floor with a pillow under your head and one under your knees. Lie on your back. At the command contraction begins take a cleansing breath. Following the cleansing breath you will begin to breathe deeply through your nose

and exhale through your mouth. The chest should move upward and out. The abdomen will remain relatively quiet. Make sure your lips are parted when you exhale so you may hear your breathing. Keep your eyes wide open and concentrate on what you are doing. Establish a definite rhythm. Gradually reduce the number of breaths you take per minute to six or nine. At the command contraction is over, again take a cleansing breath. Demonstration of deep slow chest breathing begins like this. DEMONSTRATION.

Stop the tape and practice yourself.....

Now that you have completed deep slow chest breathing, does it sould like this? BREATHING - CLEANSING BREATH.

Contraction is over.

Did you remember to relax your whole body while practicing the deep slow chest breathing. It is very <u>important</u>.

Now, we will go to a more difficult type of breathing. This breathing is done in the upper part of the chest and it is termed <u>panting</u>. Cleansing breath is always first, then you should open your mouth in a slight smile and pant taking quick shallow breaths using the upper chest only. Remember you are trying to breathe in as much air as you breathe out. To help you do this when you're taking short fast breaths whisper the word OUT. Always finish a period of breathing with the cleansing breath. Now I will demonstrate to you what panting sounds like. DEMONSTRATION. Now it is time for you to do it. Stop the tape.....

Now that you have practiced, does your panting sound like this? PANTING. Very good! During the latter stage of labor this exercise may come in very helpful, try it then. Practice it daily. This is a difficult exercise.

Now that you have finished panting, it is time to combine the two exercises you have learned, deep slow chest breathing and panting. Remember cleansing breath always comes first and ends every contraction. This exercise can be carried out when your labor is more difficult. To begin the contraction you start off with deep slow chest breathing. When the contraction reaches its peak or begins to reach intensity, then you start to pant. As the contraction relaxes, you can begin to deep slow chest breathe again. Remember, relaxing your entire body is the key to success. Demonstrated deep slow chest breathing and panting sounds like this. DEMONSTRATION.

When the contraction increases with intensity, you may increase the speed of the word OUT; it will sound like this. DEMONSTRATION. Not it is time for you to practice this technique. Give yourself a little time. Stop the tape.... Now that you have had an opportunity to practice you should sound like this. DEMONSTRATION. You have really progressed pretty far now. There is only one more exercise to learn. This is panting and blowing. As always cleansing breath comes first, and cleansing breath always ends the contraction. This type of breathing is done at the very end of labor when you have the urge to push. It is a combination of two exercises: number 1, panting and number 2, blowing. It is important that you blow out forcibly as if blowing out a candle. When your contraction reaches it peak, you may blow, blow, blow, blow, blow, however many times it is necessary to blow. When your contraction reaches its peak is when you will feel the highest urge to push. This is why it is important to blow at this time. When you find yourself becoming short of breath, take a cleansing breath and then continu e the breathing exercise as you were. I will demonstrate the pant, pant, blowing exercise with a cleansing breath in the middle and then I will demonstrate pant, pant, blow without the cleansing breath in the middle. Contraction begins now. DEMONSTRATION.

Contraction over. Cleansing Breath. DEMONSTRATION. Contraction is over. This exercise may be a little difficult and require more time to practice. Patience is also very important at this time. If you stick to it, you will get a lot out of it. The more you practice these exercises, the more effective they will be to you during your labor and delivery. If you should find that you are becoming light-headed, it is a sign that you are blowing out too much CO_2 and not breathing in enough oxygen. It is important for you to put both hands over your mouth and your nose or get yourself a paper bag and cover your nose and mouth. Breathe into the bag or your hands just a few times and this in turn will relieve the light-headedness. When you listened to the two sounds of panting and blowing, you may have heard an "H" sound at the beginning of the word "OUT". Actually, there is no "H" there; there is an inhalation of oxygen and then the "OUT" comes out afterwards so that it may sound like this: DEMONSTRATION.

I hope that these exercises will be helpful to you during your labor and delivery, and MAY YOU HAVE A HEALTHY BABY.

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THE LABOR EXPERIENCE

By

Doris Haak

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TITLE:	The Labor Experience
AUTHOR:	Doris Haak
INSTITUTION:	Indian Health Service, Phoenix, Ariz.
INTENDED STUDENTS:	Expectant mothers
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	None
REVISED:	October 1. 1977

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To the Reader:

The following self-instruction material will define the words used to describe labor in pregnancy, and some parts of the body involved with labor. The process of labor is also described with descriptions of the mother's physical and emotional changes as she progresses through labor.

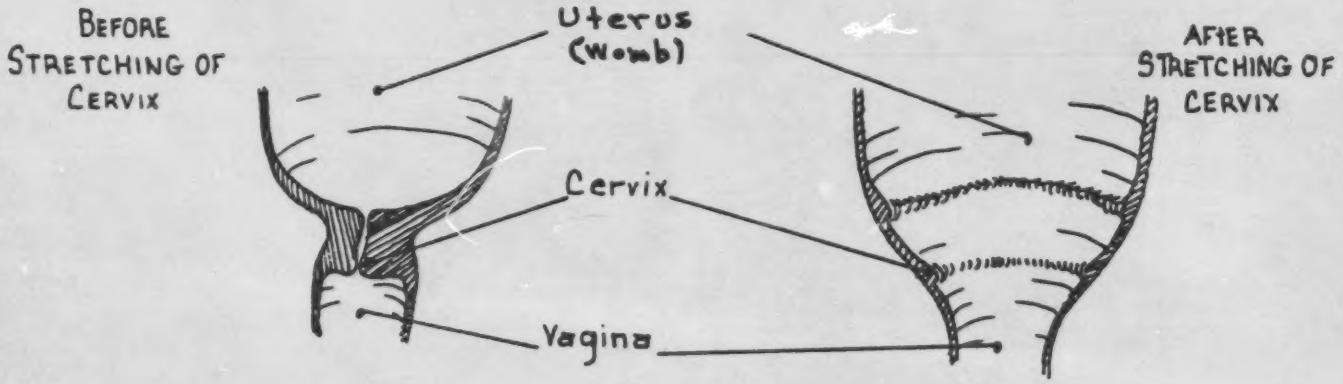
While using this packet you will: list the signs of true labor; list the phases of labor; describe what the woman in labor will feel physically and emotionally.

During pregnancy the baby grows inside the uterus, or womb, which is a round-shaped muscle located in the lower part of the woman's body. (Refer to labelled picture below.) During labor the muscles of the uterus tighten periodically. These tightenings of the muscles are called labor contractions.

Question #1

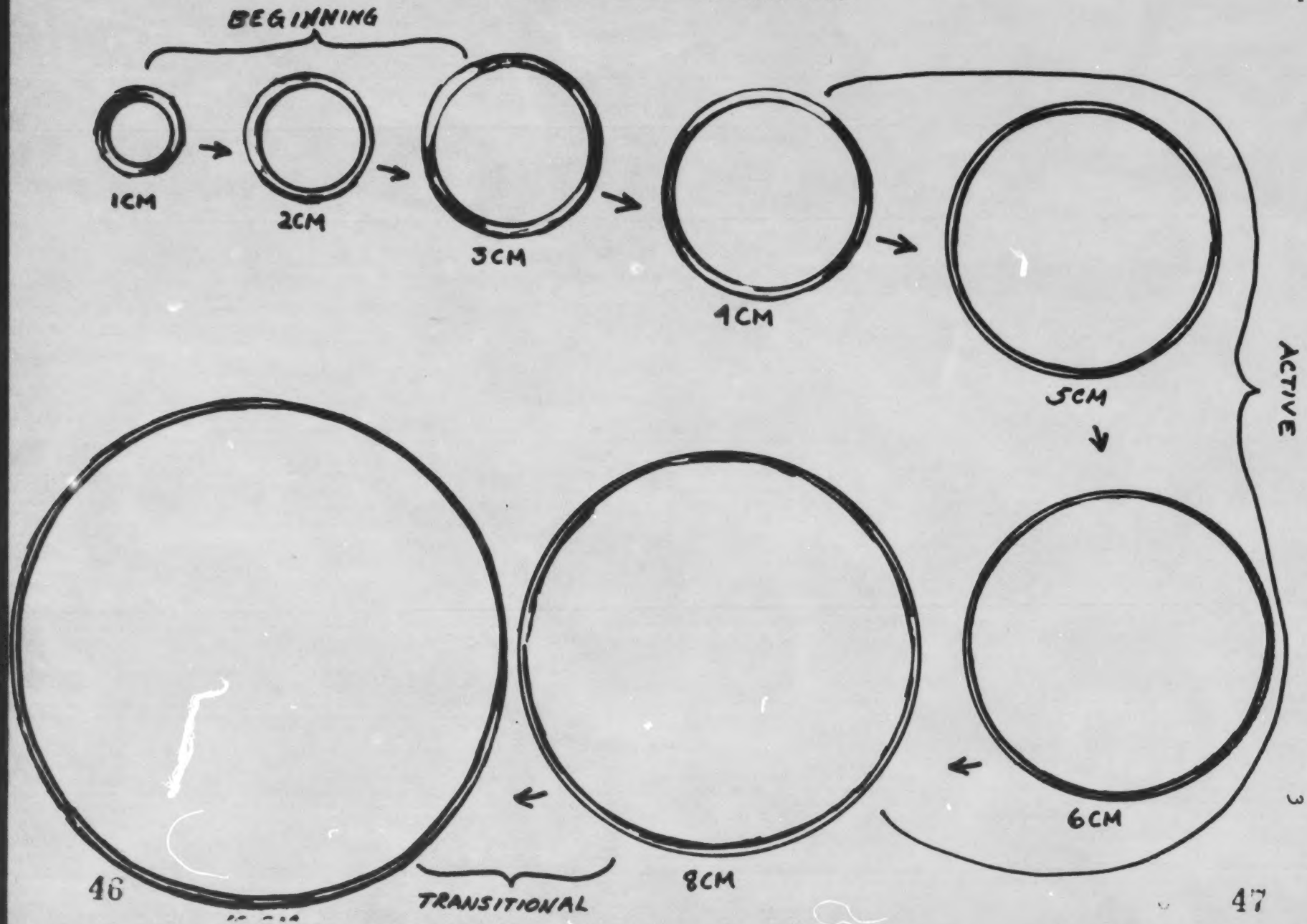
The muscles of the uterus tighten during labor. These tightenings are called _____.

Check your answer at the top of Page 4



The bottom part of the uterus is called the cervix. The contractions cause the opening in the cervix to open or dilate. The opening can be measured by the physician or nurse. This measurement is done in centimeters which are similar to inches. The measurement in centimeters is abbreviated as "cm." Please look at the Cervical Dilatation Chart on Page 3 and note that beneath the circles are numbers followed by "cm." The number followed by "cm " indicates how far the cervix has dilated.

CERVICAL DILATATION



Feedback:

1. Contractions

When the cervix begins to dilate, the opening may be measured as 1 cm. This amount of opening can be seen in the left hand corner of the dilatation chart. As the muscles of the uterus continue to contract, the cervix opens more and more until it has dilated to 10 cm. Look at the largest circle on the chart. The cervix must be dilated to this size before the baby can be delivered past the lower part of the uterus or cervix.

Question #2

The contractions cause the bottom part of the uterus, the cervix, to _____.

Check your answer at the tope of the next page.

During pregnancy the cervix is closed with a mucous plug which is released when the cervix begins to open. Some blood may also come from the area of the cervix. This discharge is called bloody show. Clear watery fluid may also gush from the vagina. This watery fluid is from the sac or membrane in which the baby grows inside the uterus. When the membrane breaks the fluid flows out through the vagina.

Feedback:

2. Dilate

Question #3:

When the cervix dilates, a bloody discharge is given off. This is called _____.

Check your answer at the top of the next page.

Throughout pregnancy the muscles of the uterus contract and relax often, but do not affect the opening in the cervix at the lower end of the uterus. True labor begins when the contractions are coming at regular times. The regular contractions will affect the opening in the cervix and the cervix will open or dilate to allow the baby to be born.

Question #4

When the contractions are _____ and the cervix is _____, true labor has begun.

Check your answer at the top of the next page.

Labor is divided into three parts or phases. The first phase is called the beginning phase. During the beginning phase the cervix dilates from 1 cm to 3 cm. Please refer to the cervical dilatation chart on Page 3. The circles showing 1 cm, 2 cm, and 3 cm can be found on the top line to the left.

Feedback:

3. Bloody Show.

4. Regular and dilating.

During the active phase of labor the cervix will dilate from 4 cm to 8 cm. The circles on the chart showing these sizes of opening are the four on the right side of the chart.

The transitional phase is the time of labor when the cervix opens from 8 cm to 10 cm. These sizes may be seen on the lower line, left side of the chart on Page 3.

Question #5

Write the three phases of labor.

1) 2) 3)

Check your answers at the top of the next page.

During the beginning, active, and transitional phases of labor, the expectant mother will feel pressure and/or discomfort in certain parts of her body. During the beginning phase the mother may feel abdominal cramping. This cramping is similar to the monthly menstrual cramping experienced by many women.

During the active phase, when the cervix is dilating from 4 cm to 8 cm, the mother may feel pressure and a pulling sensation across her lower abdomen and across her lower back.

Feedback:

5. 1) Beginning 2) Active 3) Transitional

When the cervix is dilating from 8 cm to 10 cm during the transitional period the mother may experience severe pressure in her back, will more than likely feel nauseated, and may vomit. Her legs may be shaky and she will feel tired and hot.

Question #6

During the active labor phase the most pressure will be felt (circle the correct answers):

a. on the upper arms
b. across the lower abdomen
c. in the lower legs
d. across the lower back

When labor begins, an expectant mother may feel very excited but may also feel somewhat fearful. She may feel very happy to be nearing the end of her pregnancy and eager to deliver her long awaited baby.

As labor progresses into the active phase the mother may feel very anxious to have the labor process stop, and to have the baby delivered.

During the transitional period the mother will feel tired and hot and may think she has no energy to go on.

Question #7	True	False
1) A mother in beginning labor may feel excited but fearful.	_____	_____
2) During the transition period a mother will feel rested.	_____	_____

Feedback:

6. b. and d.

   During the active phase of labor the mother will feel most of the pressure across the lower abdomen and across the lower back.

7. 1) True 2) False

We've discussed the labor experience in some detail. Take time to review any parts you need before turning the page to check your memory with the Post-Test.

POST-TEST

Directions: Fill in each blank space with the word that best fits the definition.

1. The round-shaped muscle in which the baby grows is called the _____.
2. During labor the muscles of the uterus _____.
3. The lower part of the uterus is called the _____.
4. When the opening in the cervix gets larger, it is said to _____.
5. A bloody discharge is called _____.
6. When the _____breaks a watery fluid flows from the vagina.
7. True labor is occurring when (circle correct answers):
   a. Contractions are regular
   b. Contractions are once per day
   c. Cervix is opening
   d. Contractions stop
8. What are the three phases of labor:
   a. _____ b. _____
   c. _____
9. During beginning labor the cervix will dilate from _____ cm to _____ cm.
10. During active labor the pressure of the contractions may be felt (circle the correct answers):
    a. Across the chest
    b. In the lower back
    c. In the lower abdomen
    d. On the left shoulder
11. Circle one or more of the following which may be felt during the transition period:
    a. Nausea and possible vomiting
    b. Shaking of the legs
    c. Contractions every 20 minutes
    d. Severe low backache
    e. A feeling of having great energy

12. When labor begins, the expectant mother may emotionally feel _____ and _____.

13. Circle the correct underlined word:
During the transition period the expect mother may feel very tired/rested and eager to have the baby delivered.

14. Would you recommend this learning unit to a friend or relative who is pregnant? Yes_____ No_____

15. After completing this unit, would you like to learn more about labor and delivery? Yes _____ No _____

POST-TEST ANSWER KEY

1. Uterus
2. Contract
3. Cervix
4. Dilate
5. Bloody Show
6. Membranes
7. a, c
8. Beginning, active, transitional
9. 1 cm to 3 cm
10. b,c
11. a, b, and d
12. excited and frightened
13. tired

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WHAT HAPPENS WHEN LABOR BEGINS?

by

DANA MOCHEL, R.N.

Dana Mochel, R.N., 1974
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TITLE OF PACKAGE:	What Happens when Labor Begins?
AUTHOR:	Dana Mochel, R.N.
INSTITUTION:	North Carolina Memorial Hospital, Chapel Hill
INTENDED STUDENTS:	Expectant parents; anyone who may someday be a parent
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None
REVISED:	July 1, 1977

NOTE: This unit is part of a four-package set on birth prepared for use at North Carolina Memorial Hospital. Other hospitals may want to adapt the package to conform with differences in their own routines and methods.

The complete four-package set - in suggested order of use - includes:

What Happens when Labor Begins?
In the Labor Room
Does Labor Have to Hurt
Your Hospital Stay

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This package will tell you what will happen when your labor begins. How will you know you're in labor? What should you take to the hospital? When should you go? What will happen there? These questions are on the mind of every mother as she nears "the day." Your doctor is so used to the routine that he may forget you have such questions, so this package should answer most of them. If you're still in doubt about anything, ask your doctor or the clinic nurses.

You may have had other babies in another hospital. Some of the things described here are hospital routines which vary from place to place. Other things are just part of labor, which also changes from mother to mother. No two pregnancies are alike, so you will be different from your neighbor, and this baby will be different from others you've had. Your doctor may give you special instructions for your individual needs, and they may be different from this package. This will explain what usually happens to the average mother.

All through the package, there will be questions to test whether you have understood. Say the answers to yourself and compare them to the answers in the package. If you didn't get it right, re-read that section(s). At the end is a final test, to be sure you understood the package.

What should you take to the hospital?

It's a good idea to have your suitcase packed beforehand. Be ready about a month before your baby is due -- babies can't read, so they don't always know when to arrive!

Plan on staying in the hospital three days, not counting the day the baby is born.

You will need the following:

1. Toothbrush and toothpaste
2. Comb and brush
3. Deodorant
4. Curlers, makeup, shampoo (if you want them)
5. Robe, slippers and gown (if you're breast feeding, gowns that open in the front are convenient).
6. Two nursing bras if you breast feed. You can wear regular bras, but nursing bras are more convenient. If you're bottle feeding you may want to wear a nursing bra for comfort.
7. Going home clothes. You can wear what you wore to the hospital. If not, remember your waist won't be back to normal this soon.
8. Miscellaneous items: reading material, baby announcements, clock, a few dollars, sewing or writing material, etc.

Your baby will need:

1. Diaper and pins
2. Shirt
3. Blanket
4. Gown or suit

This depends on the weather. Your baby needs the same amount of clothing you do. If you're in a sleeveless dress, he doesn't need a suit, sweater or blanket.

For the labor room you may want to bring hard candy

to keep your mouth moist. Also, socks

to keep your feet warm. These items should be kept separate, for your suitcase will not be in the labor room with you.

Don't bring a lot of money or credit cards. You won't need them, and they may get lost. You may even want to leave your going-home clothes and baby things at home and have someone bring them to you later.

The hospital will give you mouthwash, skin lotion, talcum powder, sanitary napkins, sanitary belt, toothpaste, toothbrush and tissues. You don't need to bring these things unless you want a special kind. You can also wear a hospital gown, robe and slippers, but they're not as nice as your own.

A hospitality cart or gift shop sells paperbacks, magazines, writing material and baby announcements. You may prefer to buy these things after you get to the hospital. You will want something light to do while you're here, whether it's reading, sewing or watching TV.

Review now.

1. When should you pack your suitcase?

    1) the day you start labor
    2) a month before you're due to deliver
    3) a week before you're due to deliver

2. What will you bring for the baby?

    1) going-home clothes
    2) a stroller
    3) playthings

3. What will you bring for yourself?

1) clothes
2) toilet articles
3) something to do for three days

4. Which of the following are good to take with you in the labor room?

1) hard candy or gum
2) socks
3) a change of clothes

See answers on the next page.

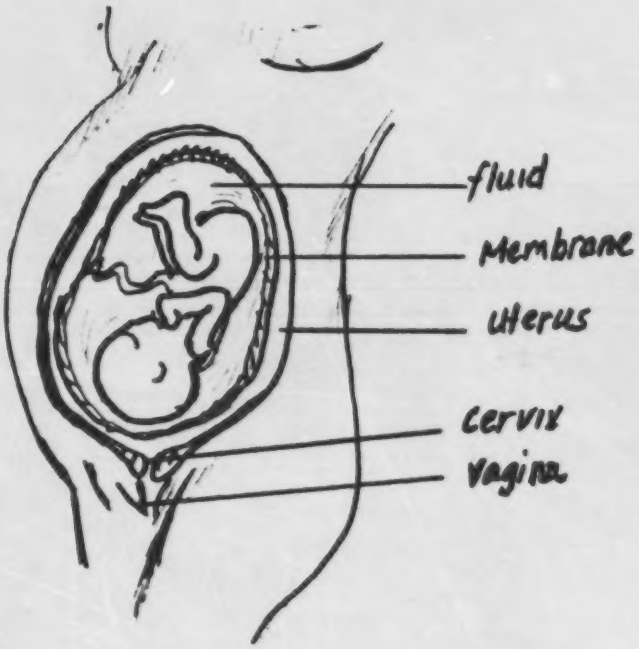
How will you know you're in labor? It's not always easy to tell you're in labor. There are many changes toward the end of pregnancy which may confuse you. There are some ways you can tell what's going on and save yourself some extra trips to the hospital. It can certainly be annoying to come in, be examined and go home several times, especially if you live far away.

Let's start with a little background. Your baby grows in your uterus or womb, which is a bag made of muscle. You've probably felt it exercising lately -- a feeling of tightness or pressure in your abdomen. When you're in labor, these muscles will contract harder to force your baby out.

Inside your uterus is a thin membrane filled with fluid (the "bag of water"). The membrane and fluid protect your baby from injury, infection, and changes in temperature.

Answers

1. If you answered (2) a month before, you're doing good!
2. The baby will need (1) going-home clothes.
3. If you checked all three you are correct.
4. Did you guess (1) and (2)? If you did you are right again.



To keep both baby and fluid inside, the uterus is closed with another muscle called the cervix, which will dilate (open) during labor to allow your baby to be pushed out by your contractions.

Your vagina, or birth canal, leads from your cervix to the outside and your baby will travel down it during labor.

(We'll call your baby "he" all through this package. Just over half of all babies are boys, and it's awkward to say "he or she" all the time. If you're hoping for a girl, I hope you get her.)

5. Can you match the parts (in the left hand column) we've just been over, with what they do (in the right hand column)?

1) the uterus	a. the passage through which your baby travels on his way out.
2) the membrane and fluid	b. stays closed to hold your baby and fluid during pregnancy, and dilates to allow him to be born.
3) the cervix	c. protects the baby.
4) the vagina	d. holds your baby and contracts to deliver him.

See answers on the next page.

You may or may not be uncomfortable when your labor begins. Some women have a number of aches toward the end of pregnancy,and it's hard to tell this from labor. Other women have little or no pain in labor. Pain doesn't mean labor, and no pain doesn't mean it's not labor. (Any time you have a hard, steady pain in your abdomen, be sure to come to the hospital. It's not labor, but it could be serious.)

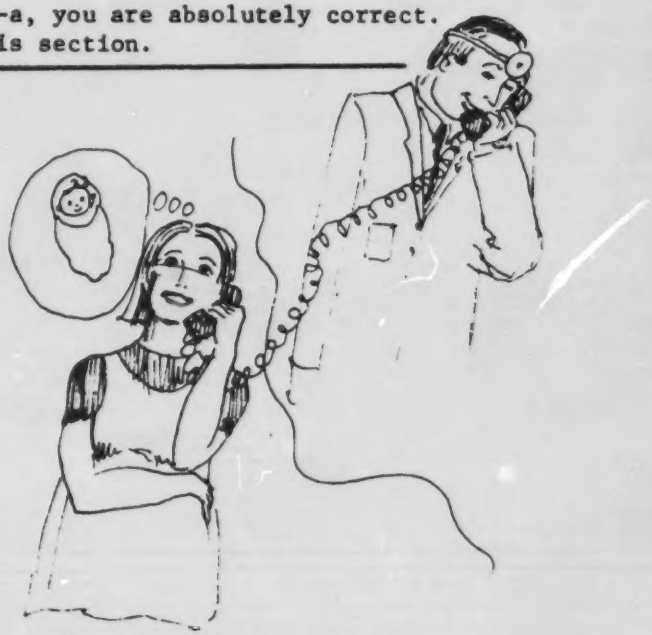
You've probably heard of "false labor." There's really no such thing. Toward the end of pregnancy, the mild contractions you've been having become stronger as your uterus gets "warmed up" for its big day. You may think your labor is beginning. There is no sure way to tell, except for the doctor to examine you to see if your cervix is dilating. There are some clues you can use to judge whether "it's the real thing."

If you're not sure, or you have some other problem, either come to the hospital or call the obstetrics clinic during the day or the labor room at night. The resident will know where to find your doctor.

Don't be embarrassed if you come in, thinking you're in labor and are sent home again. It's not a crime. Sometimes a busy doctor or nurse

Answers

5. If you answered 1-d, 2-c, 3-b and 4-a, you are absolutely correct. If not, you may need a review of this section.



will tease you, but they should know it's not that simple. We'd rather have you come in early than have your baby on the way. (If it wouldn't worry you to have your baby in the car, you don't need to be reading this!) The next few paragraphs will help you decide whether it's time.

The contractions of warmup labor are different from true labor.

True Labor	Warmup Labor
1. Contractions begin in back and travel to front.	1. Contractions are only in front.
2. Contractions develop a pattern and become regular.	2. Contractions will be close together, then spread out.
3. Contractions become stronger and stay strong.	3. Contractions won't stay strong.
4. Exercise makes contractions stronger and more frequent.	4. Exercise makes contractions stop.

There are many things you can do to make yourself more comfortable during labor, and many things the doctor can do to help. There is another package called "Does Labor Have to Hurt?" which explains all these things. You should certainly read it, at least a month or two before your baby is due.

Time your contractions when they begin. You will need a watch with a second hand. Time from the beginning of one contraction to the beginning of the next. Write them down. For example:

9:05 AM contraction lasting 25 seconds
9:12 AM contraction lasting 35 seconds
9:30 AM contraction lasting 20 seconds

As you can see, these contractions are irregular. There are 7 minutes between the first two, and 18 minutes between the second and third. In true labor they will all be about the same length and distance apart, though they will slowly become longer and closer together.

One of the signs that labor is beginning is rupture of the membrane and leaking of the fluid inside (breaking the water). This may be a slow leak or a sudden gush. The fluid is clear, sometimes with mucus floating in it. It smells different from urine, but if there's only a small amount it's hard to tell. (Many women have trouble holding their urine toward the end of pregnancy because of pressure from the baby.) If your membrane does rupture, even a small leak, come to the hospital at once. You remember that it protects your baby. If he loses this protection, you need to be in the hospital. (You may not be having contractions, but come in anyway.)

Another sign of labor is "show". This is a pink or white mucous discharge from your vagina. A mucous plug blocks your cervix during pregnancy and slips out as your cervix dilates. It will not be bright red, but pink or white. Show by itself is not a reason to come to the hospital; it's just a sign that something is happening.

Anytime you have bright red bleeding during pregnancy, come right to the hospital.

On the same paper where you're keeping track of your contractions, write down the time your membrane ruptures and the time you begin to have show. Also write down anything else unusual that happens -- backache, pressure in your bladder or bowel, anything new.

If this is your first baby, your baby will probably "drop" about two weeks before your labor starts. This is called "lightening." The baby's head drops into the proper position to be born. Your abdomen will seem lower, and it may be easier to breathe. You may need to empty your bladder more frequently due to pressure of the baby's head on your pelvis. If this isn't your first baby, this may not happen until just before or during labor.

You will probably have a burst of energy a day or so before your labor starts. You'll be willing to tackle all sorts of jobs you've been putting off. Fine. Get the baby's room straight. Tidy up the house. Just don't wear yourself out -- you'll need that pep for labor!

---

6. From the following list, pick out the signs that mean your labor is starting or will be starting soon.

    1) A burst of energy.
    2) Abdominal pain.
    3) Contractions beginning in your back and traveling to your front.
    4) Contractions which stop when you move around.
    5) A white or pink discharge from your vagina.
    6) Rupture of your membrane.

Check your answer on page 11.

7. Which of the following should make you come to the hospital right away?

1) Your membrane ruptures.
2) You have bright red bleeding.
3) You have a hard, constant pain.

See answers on the next page.

When should you come to the hospital?

You've been having show, and contractions which travel from back to front. They're regular and getting stronger.

First, how hard are your contractions? You can feel them through your abdomen. Relax your muscles as much as possible, so it's your uterus and not your abdominal muscles you're feeling. If it's just a little tight during contractions, take your time. If it's hard, but you can still push your fingers into it, you still have time, but start getting yourself together. If you can hardly press your fingers in at all, come on in.

You may have heard that you should come to the hospital when your contractions are every five minutes. This is an average. If they're

Answers

6. If you picked 1, 3, 5 and 6 you are correct!

7. If any of the above three things happen, you should come right to the hospital, whether you're in labor or not.

medium or hard, lasting 45 seconds or more, and every five minutes, you mean business. If they're not really very hard, but still every five minutes, it doesn't mean as much.

Where you live and how many children you have also makes a difference. If you need to wait for a ride, that will take extra time. A first labor takes about 12 hours from beginning to end; later labors take much less time. It's usually better to come too early than too late.

8. When should you leave for the hospital?

1) At the first contraction.
2) After you've been having contractions for two hours.
3) When you're having hard contractions about every five minutes for 45 seconds each.

9. Who should leave earliest for the hospital?

1) The mother with three other children.
2) A mother who lives ten minutes from the hospital.
3) A mother who is having her first baby.
4) A mother who lives 20 miles away.

See answers on the next page.

What happens now?

While you're packing your things a month early, you should also decide how to get to the hospital. You won't drive yourself. If you have a car, will it be available all the time? Does your husband work close by? Can he get off work at short notice? Can a neighbor or relative

Answers

8. #3 is correct, of course.

9. 1 and 4 are correct. If you have other children or live farther away, you'll need extra time.

drive you at any time? How about a taxi or ambulance? You need to make arrangements in advance, in case it's more difficult than you think.

You will come to the emergency room. Whoever drives you should park in the visitors' parking lot -- no parking is allowed in the emergency room area, to allow patients to get in easily. After parking, he should come to the labor room and wait. Meanwhile, the emergency room nurse will bring you to the labor room immediately, either by wheelchair or stretcher.

The examining room outside the labor room is a great deal like the rooms you're used to in the clinic. Your clinic record is kept here, so the doctor will be able to see how you've been doing. You will undress and put on a hospital gown. The nurse will weigh you, check your blood pressure and your baby's heartbeat, and ask you for a urine specimen. The labor room resident (a doctor who has finished medical school and is taking four extra years to specialize in OB) will do a general physical and a pelvic examination to decide whether you're in labor, or need to be admitted for another reason, or should go home. If

he's not sure, he may ask you to walk around the hospital for an hour to see if you make any progress in that time.

If you have a private doctor, the resident will call and tell him you're being admitted.

The nurse will probably give you an enema to speed up your progress and prevent constipation later. She will also shave the area around your vagina to prevent infection.

Whoever brought you, meanwhile, will be asked to go to the admitting office for you. (If you haven't already registered with hospital admissions, do it today!) Your escort will tell them you're here, and will bring back an identification bracelet for you, and a hospital card with your name.

After your enema and shave, you will go to the labor room. There are two beds in each room, but unless there are a great many patients, you will be alone. Unless your membrane has ruptured, you can get up and move around; it will help your progress and keep you from getting stiff and bored. Your husband or one other person can stay with you in the labor room if you desire.

If you would like to visit the labor room beforehand, one of the clinic nurses will be glad to show you the area. Just ask.

---

10. Arrange the following in order.

1) Your escort will go to admit you.
2) The resident will examine you.
3) You will be given a bed in the labor room.
4) The nurse will check your weight, blood pressure, and baby's heartbeat.
5) The nurse will give you an enema and shave you.

See answers on the next page.

Answers

10. The correct order is 4, 2, 5, 1, 3. It doesn't matter whether 5 or 1 is first.

Now you are safely established in the labor room. You will have your baby in the next package. Good Luck to you both!!!!

POST-TEST

1. Which of the following should you take to the hospital?

   a. gowns
   b. reading and writing materials
   c. credit cards
   d. baby clothes
   e. a bag of sandwiches
   f. toilet articles

2. True or False: Painful contractions are a sure sign of labor.

3. Place the following under "warmup" or "true labor."

   a. Contractions which begin in the back
   b. Contractions which decrease with exercise
   c. Contractions which become regular, stronger and closer together
   d. Contractions which come and go

4. Circle the correct answers: You should go to the hospital when

   a. your contractions are medium to hard, 45 seconds long, and five minutes apart.
   b. your membrane ruptures.
   c. you have strong contractions every five minutes for half an hour and then stop.
   d. you have show.
   e. you have bright red bleeding.
   f. you have severe pain which doesn't stop.

5. You time contractions from the _____ of one to the _____ of the next.

6. True or False: When you drive to the hospital, you should go to the emergency room and your driver should park in the visitors' lot.

POST-TEST ANSWER KEY

1. A, B, D and F are correct. (You can probably think of more things.) You will need clothes, toilet articles, etc. for a three-day stay.

2. False. True labor may not be painful, and warmup contractions may be quite uncomfortable.

3.

"warmup"	"true labor"
Contractions which decrease with exercise.	Contractions which begin in the back.
Contractions which come and go.	Contractions which become gradually regular, stronger and closer together.

4. A, B, E and F are correct.

5. You time contractions from the beginning of one to the beginning of the next.

6. True.

Please answer these questions so we know if we are really helping.

I. Was some of the information new to you? YES_____ NO_____

II. Did you think the information was:

(check the answers best suited to your feelings)

_____a. interesting

_____b. boring

_____c. will change my habits

_____d. too long

_____e. will not change my habits

_____f. too short

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1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411 / 473-4982

IN THE LABOR ROOM

by

Dana Mochel, R.N.

Kathy Lindsey, Illustrator

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OCT 74

TITLE OF PACKAGE:	In the Labor Room
AUTHOR:	Dana Mochel, R.N.
INSTITUTION:	North Carolina Memorial Hospital Chapel Hill, N.C.
INTENDED STUDENTS:	Expectant parents
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None
REVISED:	June 1, 1977

NOTE: This unit is part of a four-package set on birth prepared for use at North Carolina Memorial Hospital. Other hospitals may want to adapt the package to conform with differences in their own routines and methods.

The complete four-package set - in suggested order of use - includes:

What Happens when Labor Begins?
In the Labor Room
Does Labor Have to Hurt?
Your Hospital Stay

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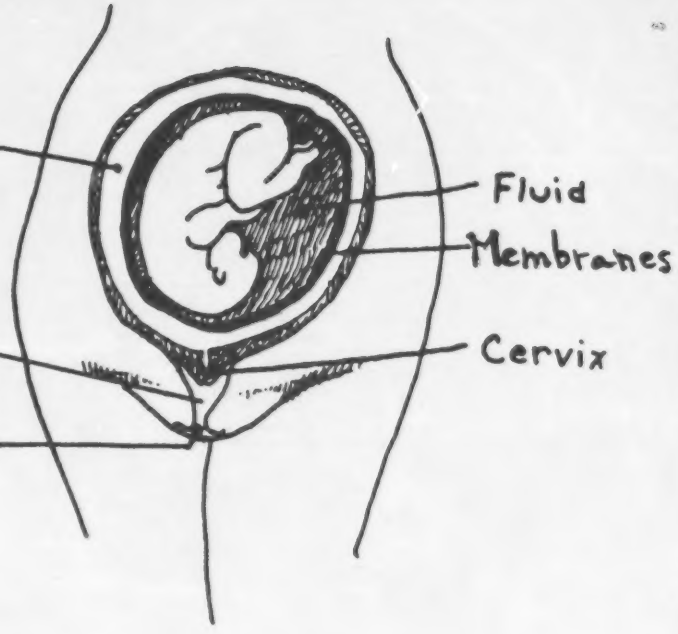
IN THE LABOR RGOM

This package will tell you what will take place in the labor and delivery rooms. When you have finished it, you will know what to expect, and how you can help so that you and your baby will both have as easy a time as possible.

As I said in the last package, every labor is different. Nobody will do exactly as I'm going to describe -- it's just an average. Let me suggest again that you should read "Does Labor Have to Hurt?" It can be a big help to you in having as pleasant a time as possible in your labor and delivery.



Let's review from the last package. The baby grows in your uterus, floating in the fluid which is held in the membranes. The uterus is closed by the cervix, which dilates during labor to allow the baby to pass through into the vagina. The area around the opening of the vagina is called the perineum.

Try to name the parts on the picture. Can you find the uterus, cervix, baby, membranes, and vagina? Do you remember where the perineum is? (It's not in the picture -- you'd need a bottom view for that.)

Once an hour, or more often, the nurse or doctor will take your blood pressure and listen to the baby's heart. This is to be sure you're both staying healthy, and it doesn't mean there's anything wrong. They will also take your temperature every few hours, and feel your contractions to see how hard, long and frequent they are. The doctor will also do a vaginal examination when he feels it's needed, to see how far your cervix is dilated (opened) and how

soon you can expect your baby. He may tell you about what hour your baby may arrive, but this can't be exact. It's a guess based on how fast you've been progressing, and many things can change it.

I've been calling your doctor "he," but we have some female doctors, and you may have one of them. Since most of our doctors are men, it's easier to say "he" than "he or she."

If you're not sure who a person is who comes into your room, ask. You have a right to ask anyone who enters who he is and what he is doing.

1. Which of the following will the doctors and nurses be doing to you in the labor room?

   1) listening to your baby's heart.
   2) joking with you to take your mind off your labor.
   3) taking your blood pressure.
   4) examining your cervix and feeling your contractions.
   5) offering you meals.

Check your answers at the top of the next page.

If your membrane hasn't broken on its own, the doctor may do this for you during a vaginal exam. It is painless to you and the baby. This usually helps your labor progress faster.

You may be having a backache during this time. Try lying in different positions. The movies always show the mother-to-be lying flat on her back, moaning -- neither of these are necessary. You can sit or lie in any position you like, unless there is some special reason for you to be in a certain position.

Answers

1. If you answered numbers 1, 3, and 4, you are right. If not, you may want to re-read this section.

You may enjoy having your visitor or the nurse rub your back, especially during contractions. You can be out of bed, unless your membrane has ruptured, and you may be more comfortable up and about, especially in early labor.

If your membrane has ruptured, you must stay in bed.

Because your uterus, bladder, and bowel are so close together, you may feel pressure as if you need to urinate or have a BM. Sometimes it will be a false alarm, caused by pressure from the baby moving down. If the urge goes away between contractions, it's probably pressure. Try not to wear yourself out running to the bathroom or climbing on and off the bedpan for "false alarms." It's a good idea to try to urinate at least every two hours, since having your bladder too full can be uncomfortable and also slow down labor. You probably won't need to go any more often than that.

2. Is the following statement true or false?

   It will hurt if the doctor ruptures your membrane, and will slow down your labor. It's better for this to happen naturally.

   _____ True _____ False

3. Can you tell whether you really need to urinate or have a BM, or whether it's just pressure?

   _____ Yes _____ No

4. Which of the following will help if your back hurts?

   a. lie on your side, sit up, move around.
   b. have someone rub your back, especially during contractions.
   c. lie flat on your back at all times.

Check your answers at the top of the next page.

When your cervix is almost fully dilated, you will notice a number of changes. You will feel pressure in your bowel (if you haven't before). Be sure to tell the doctor or nurse about this feeling so they can examine you to see how far your cervix has dilated. You may have the urge to bear down and help push the baby on out; don't do this unless you are told. You could tear your cervix by pushing your baby through before there's enough room for him.

If you are told not to push, you can fight the urge by panting during your contractions. This will keep you from pushing. If you pant too quickly, you will begin to feel lightheaded; stop and take a few deep breaths in and out, and then pant until the contraction is over.

You will also notice at about this time that the world seems to have shrunk. You won't be aware of others, just you and whoever is talking to you at that time. You won't be sure what is going on around

Answers

2. I'm sure you answered false, since you know this is painless, and the doctor may do it to speed you along.

3. Your correct answer is yes. The pressure will usually go away between contractions, while a real need will remain.

4. You were correct if you answered (a) and (b). Lying perfectly still is about the worst thing for your back at this point.

If you've understood everything up to now, you're doing well. Move on, now -- you'll have your baby soon!

you. You will also be getting tired. You'll feel as if you can't last much longer. Your contractions will be quite close together and long, giving you little time to rest in between. You may also be quite irritable; you may swear, not want to be touched, or say things which make no sense. Take heart! This feeling means it's almost over; most women feel pretty helpless at this time. This is perfectly normal and no one will mind.

5. Which of the following are some physical and mental changes you may notice when your cervix is almost fully dilated?

a. contractions will be longer, harder, and closer together.
b. you may want to bear down during contractions.
c. you may be irritable, swear, and say strange things.
d. you feel that labor will never end, and you want to go home.
e. the world is only you and your labor.

Check your answers at the top of the next page.

Answers

5. All of the above are correct. (Any relatives who are reading -- you must be especially patient and understanding at this point. Don't be offended if she swears at you and tells you where to go. Don't go, either. This can be a very lonely time, and later she'll be glad you were there.)

Now your cervix is fully dilated. Your contractions may not be as hard at this time, and may be further apart. This doesn't mean they're stopping; it happens to many women. Use the time between contractions to rest. You may even doze off for a short time. The baby must now stretch the tissues of your vagina and travel through it to be born. This stage of your labor usually lasts an hour or two for a first baby, less if you've had a baby before.

The doctor or nurse will probably watch your perineum most of this time. It may be embarrassing, but babies sometimes come suddenly, and we have to see what's happening.

Either as soon as your cervix is fully dilated, or soon after, you will be wheeled to the delivery room, and you will slide over to the delivery table. This room looks like pictures you may have seen of an operating room. There's a table in the middle for you; several tables

of equipment; and a warmer for the baby. There are also large, bright ceiling lights, and a mirror which can be adjusted so you can see your baby being born if you want. (If you'd like to visit the labor room and delivery rooms beforehand, ask one of the clinic nurses for a tour. You may think of extra questions when you see it.)

On the delivery table, your arms and legs may be loosely strapped in large supports. You will be covered with paper drapes to keep the area sterile. Everyone in the room will wear gowns, masks and hats to keep germs from your baby. He's never had any contact with germs, and we want him to get used to them slowly, not all at once. The people will be the ones who've been with you in the labor room, along with a pediatrician (baby doctor) and perhaps someone to give you some gas if you want it. Your husband can come in the delivery room if you both want this. If you do, ask the doctor in advance; if there's some reason the doctor doesn't want observers, he'll tell you. There may be a medical student observing. If you don't want this, tell your doctor. (You may have heard that medical students

deliver all the babies, and that there will be crowds watching. This is not true. Students may assist and watch, but that's all.) You may also be asked if you would like a nursing student to be with you during your labor and delivery. Many mothers like it because the student will be there at all times and have no other patients. You don't have to have one, however.

6. Which of the following can you expect when your cervix is fully dilated?

   a. your baby will pop out quickly, since your cervix is no longer in his way.
   b. your contractions may become farther apart.
   c. you may be more comfortable.
   d. you will be taken to the delivery room.
   e. your contractions will be harder now.
   f. your doctor will leave and a student will take over.
   g. you will have about an hour or two until your baby is born.

Check your answers at the top of the next page.

Now the doctor will wash your perineum with a sterile soap solution. From now on, he'll tell you what to do to help your baby be born as easily and safely as possible. You can best help at this point by lying still and listening to what he says. There may be several people talking at once, setting up equipment, filling out records, etc.; try to listen only to your doctor. If your husband is with you, he can repeat what the doctor tells you so you'll be sure to hear it.

You will probably have an episiotomy. This is a cut in your perineum, to give more room for the baby to be born. It makes the birth quicker, therefore keeping you from tiring as much and preventing too much pressure

Answers

6. The correct answers are b, c, d, and g.

on your baby's head.

If your baby is large, or you're just not progressing very fast, the doctor may use forceps to help your baby along. Forceps are instruments shaped to fit the baby's head and gently help him out. They do not harm the baby. During each contraction, the doctor will use the forceps to gently ease the baby along.

7. What's the best thing you can do at this time to help yourself and your baby?

   a. lie still and listen only to what your doctor says.
   b. talk to your husband to keep your mind off what's going on.
   c. thrash around on the table and scream.

8. Is the following statement true or false?

   An episiotomy is a cut in your perineum; and it's done to make more room for your baby's head, speeding up his birth, prevent pressure on his head, and keep your perineum from tearing.

   _____ True _____ False

9. The forceps are used to help your baby be born faster, saving your strength and lessening pressure on your baby.

   _____ Yes _____ No

Check your answers at the top of the next page.

I've mentioned several things which are done to speed things up. This may give you the idea we're trying to set a speed record, but that's not the idea. An extra long or difficult labor will tire you out, and may do your baby harm; so we do as much as possible to help Nature move

Answers

7. Of course the best answer is (a).

8. The correct answer is True.

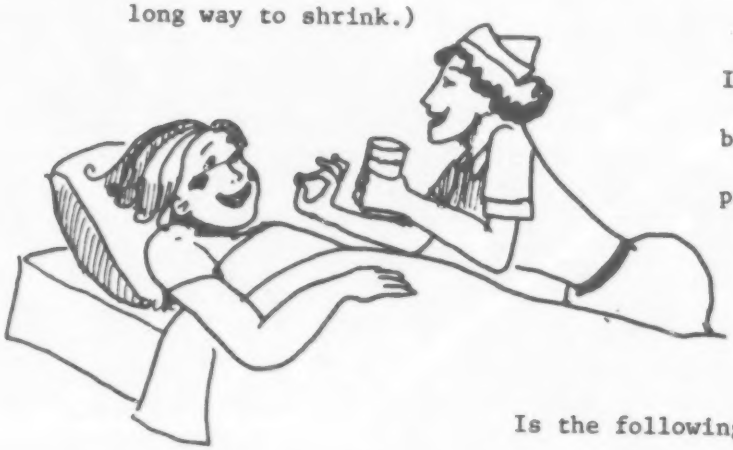
9. The correct answer is Yes.

a little more quickly when it seems necessary.

Soon you'll hear your baby cry. This is his protest against the bright lights, noise, and cool air. It also fills his lungs and lets him start breathing. Some babies cry before they're completely born, so it may still be a few minutes before you see him. Others wait a while before crying; this doesn't mean there's something wrong. Your doctor will hold him up for you to see. Then the pediatrician will weigh him and check him over quickly. There are many changes for your baby to make in these first few minutes, and we want to be sure everything is just right. The pediatrician will show him to you again before taking him to the nursery. He will be in a hurry, as the delivery room is cold compared to the inside of your body. The nursery has a warmer ready until your baby can keep his body temperature steady (a few hours).

In a few minutes the placenta (afterbirth) will be delivered. The doctor will examine you to be sure it's all out and to check for tears in your cervix and vagina. Then he'll sew up your episiotomy. This will all take up to an hour, usually less.

The nurse will be checking your blood pressure every few minutes before and after delivery. She will listen to your baby's heart until he's born. After the placenta is out, she'll probably give you an injection to cut down on the amount of bleeding you'll have. She'll also feel your uterus every few minutes to be sure it's shrinking as it should. (It was about the size of your fist before you were pregnant -- that's a long way to shrink.)



If you plan to bottle feed your baby, she'll give you a pill to prevent you from producing milk.

Is the following statement True or False?

10. Your baby will cry at about the time he's born. Nobody will be upset when he cries, because he needs to do this to get his lungs working.

____True ____False

11. In what order do the following occur?

1) The nurse will be checking your blood pressure and making sure your uterus is shrinking as it should.
2) The doctor will deliver the placenta, examine you for tears in your cervix and vagina.
3) The doctor will sew your episiotomy.

Check your answers at the top of the next page.

Answers

10. It's True of course. That's what you've been waiting all these months to hear.

11. The correct order is 2, 3, and 1. The nurse will also give you an injection to cut down on your bleeding.

After this you'll go back to the labor room for about an hour, just to be sure you're OK. You can eat and drink whatever you want now. You may just want to sleep -- you've been working hard. The nurse will continue to check your bleeding and uterus, as well as your stitches. You may have an ice pack on your stitches to prevent swelling. You will have a sanitary napkin put on and be cleaned off. You are supposed to be having a discharge, which may or may not be bloody, probably a little more than a period. (the doctor will call it lochia). After this hour, you'll go to another floor where you'll stay until you take your baby home.

You may have heard of "being put into labor" or "induced." This may be done if your membrane ruptures and your labor doesn't start on its own; or if your labor just isn't progressing and you need a little "push"; or if there is some reason you should have your baby fairly soon and you haven't started into labor. A hormone which normally begins your labor will be given in your vein. It stimulates your contractions. A machine is used to run the hormone at a steady rate -- it's not as complicated as it looks. Your labor will start just the same as if it had started

naturally. You will be able to move freely in bed, but because of being attached to the machine you won't be able to get up.

A Caesarean section is an operation in which your baby is delivered through an incision in your abdomen. It is done when there is not enough room for the baby to be delivered through your vagina; or when your condition or the baby's make it necessary for the baby to be born right away. You will either be asleep or have a spinal anesthetic to keep you from feeling the surgery. It will either be done in the delivery room or the operating room. You will stay in a recovery room until you are fully awake, and then go to the maternity floor, just as after a normal delivery. You will stay about a week in the hospital, instead of three days.

If you have any questions which were not answered by this package, please ask the doctor or a nurse. Remember, not every labor will be the same and there will be something about yours that's not the same as you've been told. It doesn't mean there is something wrong, just that you're an individual!

POST-TEST

In The Labor Room

1. Why does the doctor examine your cervix during labor?

   a. to make it dilate faster.
   b. to see how far it has dilated and how soon your baby will arrive.
   c. to give him practice in examining patients.

2. Is it likely that the doctor might rupture your membrane if this doesn't happen by itself?

3. Name two things which may help if your back aches.

4. What causes the urge to urinate or have a BM, even though you don't really need to go?

   a. your body produces more urine when you're in labor.
   b. lying down makes you feel this way, and getting up will help.
   c. the baby presses on these areas during contractions, and the feeling will go away between contractions.

5. Answer true or false. It is a serious sign if you begin to feel tired and irritable during labor, and the doctor must do something about it immediately.

6. Why doesn't the baby just pop out after your cervix is fully dilated?

7. An episiotomy: (One or more correct answers.)

   a. is a cut made in your perineum.
   b. is made only in unusual cases.
   c. is made in most deliveries to prevent pressure on the baby and to prevent your perineum from tearing.

8. Why does your baby cry when he is born?

9. What does it mean if your labor is induced? (One or more correct answers.)

   a. there is something wrong with the baby.
   b. a hormone will be given through your vein to start labor.
   c. this is done for many reasons, when it will be better for you and your baby for your labor to begin soon.

POST-TEST ANSWER KEY

1. B is correct, of course.

2. Yes. You remember that this usually helps your labor progress faster.

3. Changing your position frequently and having someone rub your back will help. Did you remember that? Good!

4. Did you answer C? Good -- that's the right answer.

5. This is false, of course. This is a normal part of labor, when your cervix is almost completely dilated

6. Remember, the tissues of your vagina must now stretch to allow your baby to slip through. This will take an hour or so for a first baby, a little less for later babies.

7. A and C are correct, of course.

8. This is how he fills his lungs and begins to breathe on his own. He is also unhappy at all the brightness and confusion around him. Who wouldn't be?

9. B and C are correct. This does <u>not</u> mean there is anything wrong with your baby; it is often a way of preventing this.

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DOES LABOR HAVE TO HURT?

by

DANA MOCHEL, R.N.

Kathy Lindsey, Illustrator

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TITLE OF PACKAGE:	Does Labor Have to Hurt?
AUTHOR:	Dana Mochel, R.N.
INSTITUTION:	North Carolina Memorial Hospital
INTENDED STUDENTS:	Expectant Parents
ESTIMATED WORKING TIME:	30 Minutes
MATERIALS NEEDED:	None
REVISED:	July 1, 1977

NOTE: This unit is part of a four-package set on birth prepared for use at North Carolina Memorial Hospital. Other hospitals may want to adapt the package to conform with differences in their own routines and methods.

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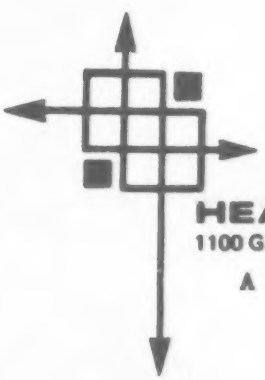
In the Labor Room
Does Labor Have to Hurt?
Your Hospital Stay



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DOES LABOR HAVE TO HURT?

This package will tell you what causes discomfort during labor, and explain some things you, or your doctor, can do to make you as comfortable as possible during labor. When you have finished it, you will know why you may be uncomfortable during labor; and you will be able to name several ways of easing your discomfort.

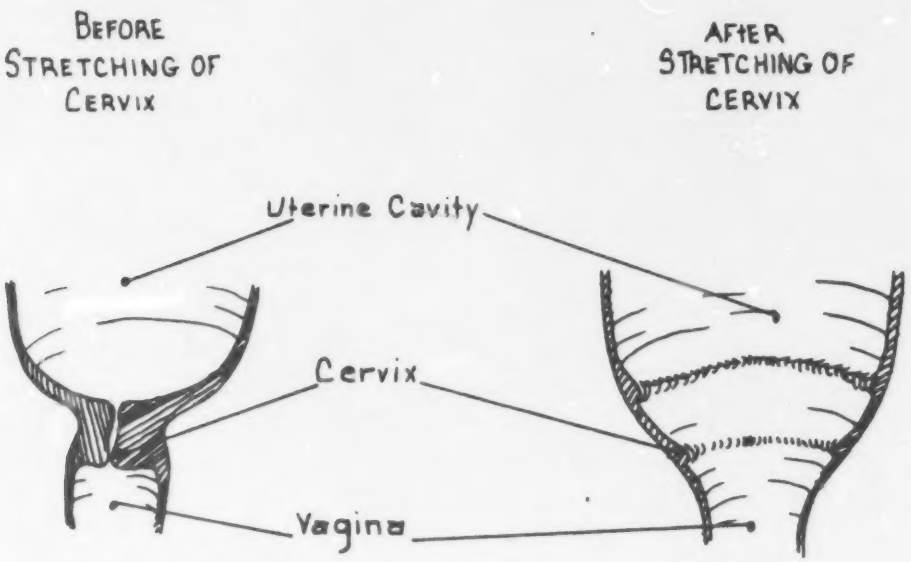
Before reading this package, you should have read "What Happens When Labor Begins," and "In the Labor and Delivery Rooms." They contain much background information which will make it easier to understand this package.

Why do women feel discomfort during labor?

During labor the muscles of your uterus contract to open your cervix and push your baby out. It doesn't hurt when other muscles work; why should this hurt?

It's not really the muscles which you're feeling. If you're like most of us, you've had cramps with your period. Labor feels much like this. The discomfort you may feel at either time is from your cervix opening and stretching. (If you don't remember any of these words or ideas, please reread the other two packages.)

You may also feel uncomfortable because when you feel a contraction, you tense all your muscles, which only makes you feel worse.



Some women say labor is agony; others have little or no discomfort. There are three reasons for this. First, every woman feels things differently. What hurts you may not hurt your neighbor.

Second, every labor is different. If your baby is very large, or is turned in an unusual position, or if you have some other problem, you will be more uncomfortable than you normally would.

Third, some women are more frightened of labor than others. These women have been told stories by friends and relatives of how terrible having a baby is; they don't know what to expect; they become tense and fight against their labor. Whatever the cause, your discomfort can be cut down or done away with if you know what to do.

* *

PRACTICE QUESTION 1

Name two reasons you may be uncomfortable during labor.

Check your answer at the top of the next page.

* *

* *

ANSWER

You might have named any of these:

1) Your cervix opens and stretches during labor.
2) You become tense when you feel a contraction.
3) Every woman feels things differently.
4) Your baby may be very large or turned in an unusual position.
5) You may be frightened, and fight against labor.

* *

You have probably heard of "natural" childbirth. Many people have wrong ideas about this term. There are several "methods" which teach you exercises, positions to lie in, and other things to do to make yourself more comfortable during labor. I am going to tell you one method. You may not need anything more than the things I will tell you; you may want some medication in addition. There's nothing wrong with that--you're not a failure, and you'll still have a healthy baby. After describing some breathing exercises to help you in labor, I'll also tell you what other things you can have if you want them. Every woman and every baby is different--try to choose what's best for you and your baby. Also, talk with your doctor; he knows you and can tell you reasons why one thing may be good or bad for you.

First, when your labor begins, RELAX. Sure, you'll be excited. Your baby is finally on the way, and you'll stop waddling around like an elephant. But...you can't make your labor go any faster, and you can slow it down by tensing up. This tires you out and works against your body's efforts.

Relaxing isn't easy. You need to practice it, believe it or not. Practice this, and all the exercises I'll tell you, twice a day, all during your last two months. Get so it's automatic.

Now, how to relax. Lie or sit so you're comfortable. Most pregnant ladies lie best on their sides. Get comfortable however you want. Next, tighten all the muscles in your feet as hard as you can. Then let them go limp. Now do the same with your legs. Then your hands, then arms.

As you do this, you'll probably find you're holding your breath when you tense, and breathing out when you relax. This is natural, so let's use it too. Each time you go limp, breathe out as much as possible--empty out all the air in your chest. Make an oooo with your mouth and puff it out. Now you should feel pretty much like a rag doll, which is what we want. If you practice

this enough, taking a deep breath and puffing it out will relax you without the tensing and going limp.

* *

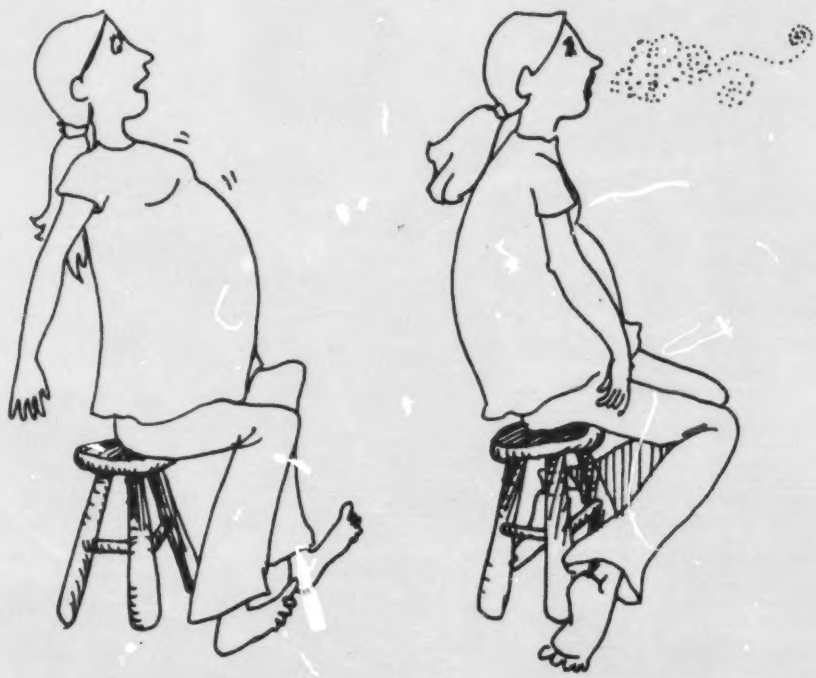
PRACTICE QUESTION 2

What is the most important thing to remember at all times in your labor? Check your answer at the top of the next page.

* *

Once your contractions have become fairly hard and regular, you should try to sit or lie down most of the time. It's o.k. to do some light work when you're just starting, but let your body tell you when to stop. Take a deep breath in and empty it completely like this at the beginning and end of each contraction. Just rest in between.

During the contractions, breathe slowly and deeply, as slowly as possible, during the whole contraction. Use your abdomen, not your chest.



* *

ANSWER

That's right. RELAX! Tensing up will only tire you out and make your labor longer.

* *

You should be able to see your chest stay still and your abdomen move out during each breath. Don't talk, move around, or do anything but relax and breathe until the contraction is over. Then, blow out all the air and either rest or go back to whatever you were doing. Begin this breathing as soon as you're aware of a contraction--don't wait for them to get hard, or they'll get control of you. You're going to be in control of them!

Your contractions right now are not terribly hard, and last up to 45 seconds. As they get longer and harder, you'll feel that this breathing isn't quite enough, perhaps. Try another kind of breathing now.

You'll still take a deep breath and blow it all out as the contraction begins. Then, as you feel the contraction becoming harder, breathe faster and not as deeply. Use just your chest now. This takes all the pressure off your uterus. Don't pant--just breathe a little faster and lighter than usual. When the contraction ends, breathe in deeply and empty your lungs again. Now, relax until the next contraction. By now, you should be in the hospital or on the way. Don't try to be doing any work or move around much.

As your baby moves farther down, you may feel as if you need to have a BM. Be sure to tell the doctor or nurse, since this often means your cervix is fully dilated and your baby is close to being born. If you feel the urge to push down when you have a contraction, don't do it until the

doctor tells you to. If your cervix is still partly closed, you can tear it by pushing the baby through too soon. When you have this urge, talk, pant, sing--anything to keep from holding your breath and pushing. Remember to keep relaxing. You will be excited at this time, and it's easy to get tense.

When the doctor tells you to push, you can finally help your baby be born sooner. It takes about twice as long for your uterus alone to push your baby through your birth canal as it does if you push.

At the beginning of each contraction, lie on your back. You may want your head partly raised, but don't be sitting straight up. Pull your knees up toward your chest as far as possible, and grab just below your knees with your hands. Now take a deep breath and hold it. Push down with your stomach muscles as if you were having a BM. Push as hard as you possibly can--you'll feel as if you were going to break a blood vessel if you're pushing hard enough. You'll probably need to take a breath before your

contraction is over. Throw your head back, letting your breath out as you do. Breathe in as fast and deeply as you can, and then push again. Practice holding your breath and taking catch breaths, in the right position, at home, without pushing. Your contractions will be a minute or longer at this point. The fewer breaths and the longer pushes you can get, the better. After the contraction is over, breathe out completely, then just rest until the next one.

While the doctor is delivering your baby, he may not want you to push during your contractions, to keep him from being born too suddenly. If he tells you not to push, go back to panting. The doctor may also tell you to push between contractions. Just listen and do exactly what he says.

* *

PRACTICE QUESTION 3

List the four different types of breathing and state when you'll use each. Check your answer at the top of the next page.

* *

As I said, some women will need nothing but these breathing techniques through their whole labor. Other women will need more. Any kind of pain relief has some good and bad points. The idea is to choose the one that will give you relief without harming you or your baby. Talk with your doctor about what you've learned, and see what he suggests as well. Most of our doctors will go along with whatever you request, unless they feel it would be unsafe for you or your baby; then they will explain why.

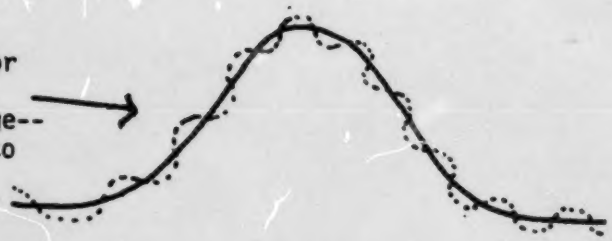
You can't have any kind of medication very early in labor. It would cause your contractions to stop completely. Any woman can use the breathing exercises to get through the early part, at any rate.

* *

ANSWER

1) Slow, deep abdominal breathing for early labor contractions.

2) Light, faster breaths in your chest for later on when contractions are longer and stronger. (There's no magic time to change--just when the first kind no longer seems to help.)



3) Panting to keep from pushing when it's too early.

4) Deep breath held as you push (after your cervix is fully dilated and you can help move your baby out).

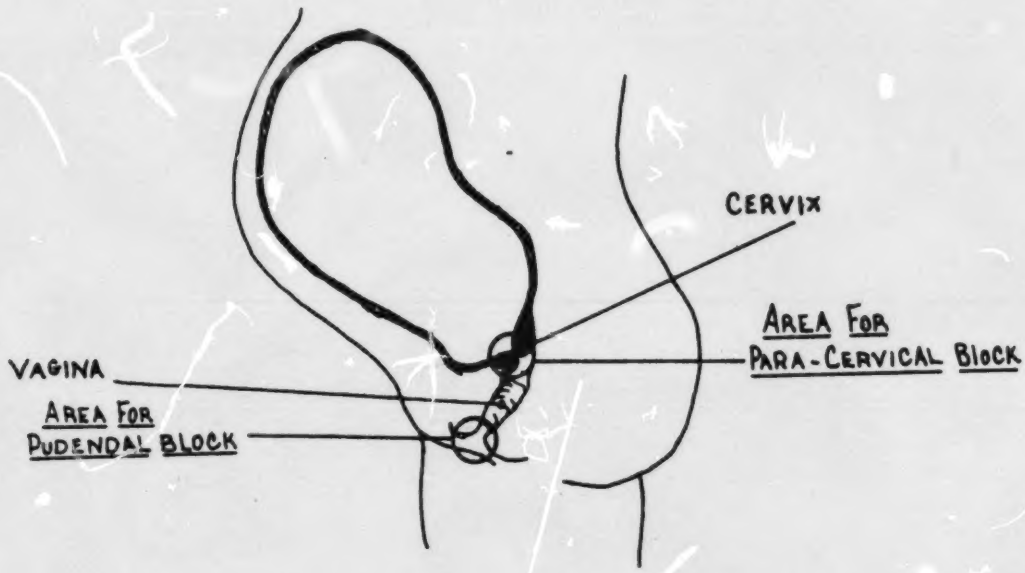
Do you remember them all? Good. Now practice these, and the relaxation, twice a day.

* *

Remember to keep relaxed, as this will prevent most discomfort in the early part of labor.

The earliest kind of pain medication you could have is called a "para-cervical block." "Para" means "around." A drug like Novacaine, which dentists

use, is injected into the nerves around your cervix, to numb them. The needle is about 6" long, but only about 1/2" goes into you--the rest is needed to reach your cervix. It is a little uncomfortable when the doctor uses this; he will do a vaginal exam, and slide the needle up alongside his fingers. After the medication wears off, more can be injected. There is no danger to you from this method; it may cause your baby's heart to slow down. If it is used, the nurse or doctor will listen to your baby's heart very often, to pick up any changes.



* *

PRACTICE QUESTIONS

4) Why won't you have pain medication at the start of your labor?

5) True or False: A para-cervical block can be harmful to the mother.

6) True or False: The drug will be injected to numb the nerves around your cervix.

Check your answers on the top of the next page.

* *

* *

ANSWERS

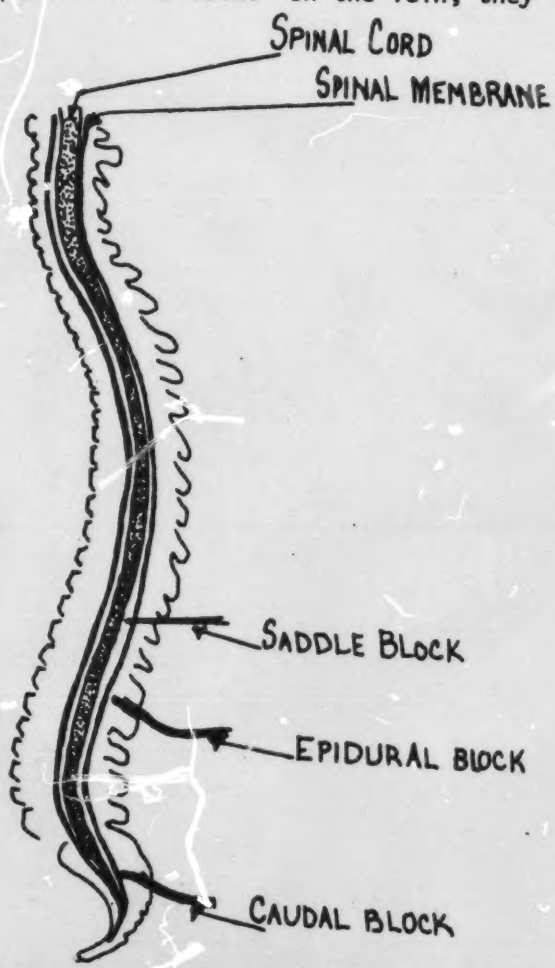
4) It would stop your labor.

5) False: it may slow your baby's heartbeat, however, and he will be watched carefully.

6) True.

* *

A little later in labor, you can have an injection to lessen your discomfort. It will not stop your contractions, but will relax you and cut down on your discomfort. Several drugs may be used. (If you know that you are allergic to any drugs, be sure to tell your doctor before he uses any.) The drugs may be injected into a muscle in your hip, or into a vein. In the vein, they will take effect sooner, but will wear off faster; in the muscle, the action will be slower and last longer. These drugs can't be used late in labor, as they will make your baby sleepy and keep him from breathing properly when he's born. If you have a drug early in labor, it can be repeated later on if needed. Most of these drugs will make you drowsy, and you may sleep between contractions. An "epidural block" is another method which can be used about halfway through labor. Before this, it would stop your contractions. The doctor



will put a thin plastic tube between two of the bones of your spine, ending just outside the membrane which covers your spinal cord. ("Epi" means "outside" and the membrane is called the "dura.") A drug similar to Novacaine is injected to deaden the nerves as they leave your spinal cord. You will be numb, or partly numb, from the waist down. The nurse will check your blood pressure about every 10 minutes if this is used, and may have you turn on your side if your blood pressure drops. You can't stay on your side all the time, because the drug would work only on one side. You will probably have fluids given in your vein if you have an epidural, which will also help keep your blood pressure up to normal. There is no danger to your baby from this method. The plastic tube is taped in place, and more medication is used as the first wears off. You may find it difficult to push, since you won't feel your contractions or feel how much you're pushing.

A "caudal" is almost the same as an epidural block. The tube is put lower in your back, in the "caudal space," which is a hollow toward the bottom of your spine. The effects are just the same.

Because of the way their bones are formed, some women can't have one or the other of these two methods.

* *

PRACTICE QUESTION 7

Choose the correct answers about a caudal or epidural block.

1) They block feeling from the waist down.
2) They can hurt the baby.
3) They can slow down labor if used too early.
4) They can keep you from pushing as hard.
5) They can make your blood pressure go up.

Check your answer on the top of the next page

* *

* *

ANSWER

1, 3, and 4 are correct.

* *

All the methods so far can be used during labor as well as delivery. The next methods can be used only on the delivery table.

A "saddle block" is an injection into your spine, a little higher than the epidural. It goes through the membrane around the spinal cord. There is a fluid around the cord, which can leak out through the needle hole and cause you to have a severe headache later. For this reason, you will have to lie flat in bed for 8 hours after having a saddle block. This prevents the fluid from leaking. The block numbs mostly your lower abdomen and the part of your buttocks and thighs which would be in contact with a saddle. This is where most of your discomfort would be during your delivery. The saddle block will make it difficult for you to push, for the same reasons as the epidural.

* *

PRACTICE QUESTION 8

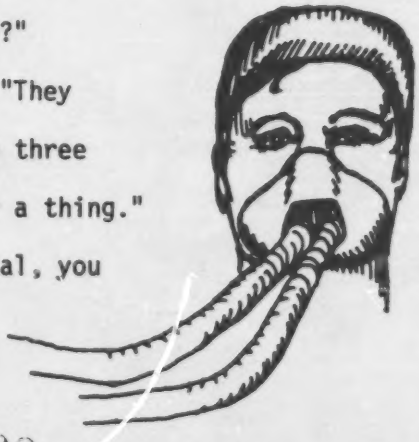
Answer true or false to the following questions about the saddle block.

1) This is an injection into the part of you which would be in a saddle.
2) There is no effect on your baby.
3) It is done during the delivery only.
4) You will be up and about immediately after having your baby.

Check your answer on the top of the next page.

* *

How about "being put to sleep?" Everyone has heard of this. "They put me to sleep and I woke up three hours later. Didn't remember a thing." Well...in the author's hospital, you



WOMAN RECIEVING GAS

* *

ANSWERS

1) This is false. The injection is into your spine, higher up. The name "saddle block" is given because this part of your body is numbed.
2) This is true.
3) True, again.
4) False. You must lie flat for 8 hours to keep fluid from leaking around your spine and causing a headache.

Do you need to review this section?

* *

would only be given that much medication if you or your baby had a bad problem. You can have "gas" on the delivery table, but just enough during each contraction to help you relax and to ease your discomfort. You will still be awake. Too much gas can make your baby have trouble breathing. You probably want to be awake and see your baby right away, as well.

* *

PRACTICE QUESTION 9

Choose the correct answers about "gas."

1) You will be put "to sleep" only if you or your baby have a problem.
2) You can have enough gas to make you more comfortable.
3) You will still be awake.
4) You can be "knocked out" any time you want.
5) Gas has no bad effects on you or your baby.

Check your answers on the top of the next page.

* *

A "pudendal block" is another method you may want on the delivery table. With a needle much like the one for the para-cervical block, the doctor injects the "pudendal nerves," which are around the opening of your vagina. This numbs the area where most discomfort is felt during your delivery. It has no effect on you or your baby. It is often used if you haven't needed anything up to this point, but need some medication for your delivery or the stitches later.

* *

ANSWER

1, 2, and 3 are correct.

* *

The pudendal block is given before the birth of your baby. If you have had no other medication, and have had your baby, but become uncomfortable while your incisions are sewn, the doctor may give you a local anesthetic. He will inject the same medication, but only into the skin to numb the area of the stitches.

* *

PRACTICE QUESTION 10

Choose the correct answers from the following about a pudendal block and a local anesthetic.

1) A pudendal block is done just before the birth of the baby.
2) A local anesthetic is the same as a pudendal block.
3) A pudendal block numbs only your vagina, where most of the discomfort of the delivery is felt.
4) Neither of these methods is used much, as they are dangerous to mother and baby.

Check your answer on the bottom of this page.

* *

You may have had babies in other hospitals, or read or heard of other methods of pain relief. They are not mentioned here because they are not used at the author's hospital, either because they are not thought to be safe enough for you or your baby, or because the equipment is not available.

Please take the following test to be sure you have understood this package. If you have any questions, be sure to ask your doctor or a nurse.

* *

ANSWER

1 and 3 are correct

POST-TEST

Does Labor Have to Hurt?

1. What causes pain during labor? You should be able to give two answers.

2. List four different types of breathing which will help you during labor.

3. True or False: You can have pain medication as soon as you get to the hospital.

4. Choose the true statements from the following.

   a. A para-cervical block can slow your baby's heartbeat.
   b. A drug will be injected into the nerves around the cervix.
   c. This is used very late in labor.

5. True or False: Injections for pain are good at any time because they take away your discomfort without affecting your baby.

6. Which are effects of an epidural or caudal block?

   a. They block sensation from the waist down.
   b. They can harm your baby.
   c. They can lower your blood pressure.
   d. They can be used on any woman.
   e. They are used midway through labor, all the way to delivery.

7. Is a saddle block harmful to your baby?

8. When is a saddle block used?

9. What effect can gas have on your baby?

10. True or False: A pudendal block is harmless to you and your baby.

11. Where is the effect of a pudendal block?

Check your answers on the next page.

ANSWERS

1. Any of these will do:

   a) Your cervix opens and stretches during labor.
   b) You become tense when you feel a contraction.
   c) Every woman feels things differently.
   d) Your baby may be very large or turned in an unusual position.
   e) You may be frightened and fight against labor.

2. a) Slow, deep abdominal breathing during early labor.
   b) Lighter, faster breaths with harder contractions.
   c) Panting to prevent pushing when you shouldn't push.
   d) Holding your breath and pushing when your cervix is fully dilated and your baby is on his way down your birth canal.

3. False. If you are too early in labor, medication could stop your contractions.

4. A and B are true.

5. This is false in several ways. Injections can't be used too early as they will stop your labor; they will not completely stop your discomfort, but ease it and relax you; and they can make your baby have breathing problems if given too late.

6. A, C, and E are correct.

7. No.

8. Only during the delivery of your baby.

9. It can slow his breathing if used too much.

10. True.

11. In the lower part of the vagina, where the discomfort of delivery and stiches is felt.

HEALTH INSTRUCTION EXCHANGE
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A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

YOUR HOSPITAL STAY

by

DANA MOCHEL, R.N.

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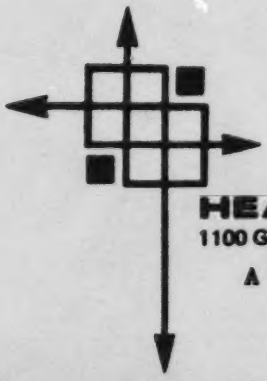
Kathy Lindsey, Illustrator

TITLE OF PACKAGE:	Your Hospital Stay
AUTHOR:	Dana Mochel, R.N.
INSTITUTION:	North Carolina Memorial Hospital
INTENDED STUDENTS:	Expectant parents
ESTIMATED WORKING TIME:	25 minutes
MATERIALS NEEDED:	None
REVISED:	June 1, 1977

NOTE: This unit is part of a four-package set on birth prepared for use at North Carolina Memorial Hospital. Other hospitals may want to adapt the package to conform with differences in their own routines and methods.

The complete four-package set - in suggested order of use - includes:

What Happens when Labor Begins?
In the Labor Room
Does Labor Have to Hurt?
Your Hospital Stay



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From this package you will learn how you and your baby will be cared for in the hospital, what hospital routines are likely to be, and how to take care of yourself while you're here.

After your baby is born, you will stay in the labor room for about an hour. Then you will be brought to the maternity floor. If you haven't had any unusual problems, your doctor will probably allow you to get out of bed as soon as you wish; you will probably want to rest for a while, and you may be weaker than you expect when you get up. There will be a signal cord on your bed; call for a nurse to help you when you get up for the first time. Many strong women find themselves weak or dizzy at this time. You have been working hard, your body has adjusted to lying down, and you have lost some blood; it's best to take it slow at first. If all goes well, you can be up as much as you want after the first time, without help. If you do need help later on, be sure to ask -- the nurses are there to help you.

The first time you get up, you may have a sudden discharge from your vagina. This is embarrassing and uncomfortable, but not serious. Often, your normal bleeding will collect in your vagina until you stand up, and

then flow out all at once. As you get moving around more, it won't happen. It would be best if any visitors wait outside when you get up this first time. Your first time up will probably be to the bathroom. Remember all the extra fluid in your hands, feet and legs lately? It will all start coming out now. You may have a little trouble getting your bladder to work at first. It's used to more pressure on it from your uterus pressing down. It may be bruised from your labor. Some pain medications from labor can also keep it from working properly at first. Just relax and don't worry about it, as worry might make it more difficult. If you are unable to empty your bladder, the nurse may catheterize you. This means she will pass a thin plastic tube into your bladder to empty it. Usually, once you get it empty, you'll have no further trouble.

I've mentioned that you'll have a discharge, which may or may not be bloody (the doctor and nurse will call it lochia). This will be fairly heavy at first, about like a heavy period. Then it will gradually become less in amount and lighter in color, until it stops entirely after two weeks or so. You can't use tampons for a while; the doctor won't want anything in your vagina for a few weeks until there's no chance of infection. The hospital will give you pads and a belt; also some moist

wipes to clean yourself. You should use them each time you have a BM, urinate, or change your pad. Don't rub hard; it will hurt and might injure you. Just gently pat yourself clean, moving from front to back so you won't bring any germs from your anus up to your vagina. Then put on a clean pad. Ask your nurse about visiting rules in your hospital. Usually, there are special visiting hours and limits on number and age of visitors to the maternity floor. This is to prevent you from being overtired by company. You cannot have visitors if your baby, or your roommate's baby is in your room. The baby's father can come in while your baby is in the room, but check with the nurses to see if he must come only during visiting hours. Also, check to see if he should go to the nursery first to get a gown to wear. The gown for the father and the ban on other visitors while baby is in the room are precautions to keep all babies as healthy as possible. Newborn babies have almost no resistance to infection, and the germs people carry around every day can be serious to your baby. For this reason we keep the number of people touching him as low as possible, and anyone touching him will have to scrub his or her hands first. Your nurses won't touch your

baby; only the nursery nurses, you, the father, and the pediatrician. At home, as well, it's a good idea to limit the people in contact with him, and let him get accustomed gradually. Of course, you won't want any visitors who have colds or other infections.

Visiting hours still apply if you have a private room. If you work in the hospital, your co-workers must still wait until visiting hours.

Now some questions to see how well you've understood up to this point.

1. You must stay in bed for 24 hours after having your baby.

   _____ True _____ False

2. What does it mean if you have a small gush of blood from your vagina when you first get up?

   a. There is something wrong and you should call a nurse immediately.

   b. It is normal because the blood collects when you are lying down.

   c. The doctor didn't sew you up right.

3. What about visiting regulations on the maternity floor? Select correct answers.

   a. No visitors at all are allowed.

   b. Ask the nurse about your hospital's visiting rules.

   c. The baby's father, grandparents, and neighbors can hold him, so that he gets used to people and doesn't get frightened.

   d. There may be limits on number and ages of visitors.

4. The nurse may catheterize you by passing a thin tube into your bladder to empty it if you can't do so on your own?

   _____ True _____ False

5. It is abnormal to have a fairly heavy discharge at first and then cut down.

_____ True _____ False

6. You should scrub your perineum (area around vaginal opening) clean three times a day.

_____ True _____ False

Answers

1. You answered false, of course. You know that you can be up and about as soon as you like; but you won't run around and become over-tired. Remember to have a nurse help you the first time.

2. Did you answer (b)? Good -- you're learning well.

3. You should have chosen b) and d). Visiting rules are different in different hospitals, but the idea is the same -- to keep the mother from getting overtired and the new baby protected from exposure to too many new germs.

4. True, is the correct answer. This problem is fairly common after you've had a baby, and will usually clear up quickly once your bladder is empty. The catheterization isn't painful.

5. This is false. This is perfectly normal; you will probably have some discharge for about two weeks.

6. This, again, is false. It would hurt, and also injure any stitches you may have. You should pat gently, from front to back, each time you urinate, have a BM, or change your pad.

About once a day the nurse will check on the amount of discharge you're having and feel your uterus to be sure it's contracting. You may have some cramps as it shrinks back to its original size. There's not much point in taking pain pills for this, as the cramps come and go, and will be gone before a pill has time to work. (If you breast feed, you'll regain your normal size faster, but you may have more cramps.) You can check your uterus yourself. Lie on your back and feel with your fingers. Somewhere between your navel and the bone below you'll feel a hard lump. (The size depends on how long it's been since your baby arrived; it gets smaller each day.) It may be off to one side if your bladder is full.

I'll bet there's never been a mother who hasn't snuck out a mirror to see her stitches. They do hurt, and it's natural to see what's causing it. They may be a little red and swollen. You probably can't see the stitches themselves, as they're often put below the skin. They will either go straight back toward your rectum, or else toward one side. There might be some bruised areas, as well. Your stitches don't have to be removed. They are slowly absorbed by your body.

You may see some swellings around your anus. These are hemorrhoids (piles) which are blood vessels from your rectum that have become filled with blood due to pressure from your pregnancy and labor. They will gradually go back to normal.

All this sounds uncomfortable, doesn't it? It is! You may not be able to sit flat or hold your legs quite right when you walk. There may be a great deal of pressure in your perineum when you stand, because your muscles have been stretched and don't support your pelvic organs right. What can you do about it?

For the first few hours you'll probably have an ice pack on your stitches. This helps to prevent some of the swelling and soreness. After that, three times a day you'll get a heat lamp. It has a frame on which you rest your legs, while a lamp warms your perineum to help it heal faster and relieve some of the discomfort. You'll stay on it 15 minutes to 1/2 hour. Don't stay too long, even though it feels good, you can get burned without realizing it. You might also get sitz baths. For these, the nurse will give you a small plastic tub which you fill with hot water. Place it on the toilet seat and soak in it for about 1/2 hour. This is very soothing and helps speed healing.

Both these treatments also help hemorrhoids. The doctor may order a special cream or suppositories as well if you have hemorrhoids, to reduce the swelling. You will be given a pain-relieving spray by the nurse. You can use this as often as you want on your stitches or hemorrhoids. You can also have pain pills on request.

Let's try some more review questions now.

7. It's nothing to worry about if you have some cramps or feel a hard lump in your abdomen.

_____ True _____ False

8. Is it normal for your stitches to be a little red and swollen?

_____ True _____ False

9. Hemorrhoids are blood vessels in your rectum which have become filled with blood and swell due to pressure.

_____ True _____ False

10. Check the correct answers. Which treatment might you use for your incisions or hemorrhoids?

____ice packs ____sitz baths ____cream or suppositories

____ spray ____pain pills ____heat lamp

Answers

7. This is true, of course. You expect some cramps as your uterus contracts back to its original size. The hard lump is your uterus. After a week or so you will no longer be able to feel it, as it will be too low.

8. Yes, this is normal. You got that right, of course. If you are extremely red or tender, by all means tell the nurse or doctor. Too much discomfort is not normal.

9. Again, this is true. They will go away gradually.

10. If you checked all of the above, you are correct. Of course, very few women need them all.

If you are breast feeding, you may be uncomfortable for the first day or so that your milk comes in. (This usually happens about the third day.) The discomfort is because your body produces milk without regard for how much is needed. You will gradually adapt to the amount your baby drinks, and be less full. There is also some tissue swelling in this period, which will go away later. A well-fitted bra is essential at this time, as well as nursing pads to absorb any milk which leaks out. (Don't use the fancy plastic-lined ones. They will keep your skin damp and cause cracking of your nipples.) A nursing bra is most convenient, but any good support bra which fits snugly will do. You can get some relief by expressing milk to relieve some of the pressure. A hot shower will help reduce swelling and stimulates some excess milk to flow out.

If you are bottle feeding, you will be given a pill when you have your baby, and three more pills twelve hours apart, to prevent your body from making milk. You may still produce some milk, though. If your breasts become swollen and tender, leave them alone as much as possible. Handling only stimulates them. Keep a bra on at all times, the tighter the better; or ask the nurse to give you a binder. The idea is to keep your breasts as still as possible, which prevents stimulation and also keeps you more comfortable; and to keep them compressed, so there is little room to fill up with milk. Touch them as little as possible, and DO NOT try to express any milk. Emptying your breasts stimulates them to produce more milk, while not emptying them causes them to dry up. Ice packs also will make you more comfortable and cut down on milk production.

There are good booklets in the clinic on breast and bottle feeding, so I won't go over this now. When you have decided how to feed your baby, you can get the information you need. If you can't decide, perhaps you should read about both ways, and talk with the nurse or doctor. You do need to decide before your baby arrives.

Constipation can be a problem after you've had your baby. Your intestines slow down during labor and sometimes are slow to pick up again. Your abdominal muscles are stretched and weak, so you can't push as usual. You may also be afraid to try, for fear of hurting your stitches or hemorrhoids.

First, if you feel a BM coming, don't put it off. It will only get larger and harder. You won't tear your stitches; they're stronger than you think. It's ideal to prevent constipation by a good diet with fruits and vegetables, and plenty of liquids. The doctor will order a laxative, which you can have if you need it. Ask for it on your second night if you haven't had a BM. If your movements are hard, he can also order a softener. You might need an enema if you can't "perform" on your own in two days or so. After the first time, you shouldn't have any trouble.

Almost everyone has heard of the "baby blues." All new mothers get depressed, but it's easier if you know it's coming and know it'll go away. Some of this is caused by suddenly realizing what a change your baby will make in your life. Even though you've wanted him and planned for him, he will cut down on your freedom and be totally dependent on you. There are so many changes for you to make, and you won't get much attention from him in return for a while. (Those laughing babies on the baby books are several months old--yours will just sleep and eat for now.) Part of your feelings are due to your hormones, which have been readying your body to have this baby for nine months; suddenly it's over but the hormones take a while to get back to normal. The sudden change is bound to cause some problems until you get adjusted, physically and mentally.

Some women get "the blues" a day or two after delivery; others wait a week or two. You may feel better by talking to the doctor, nurse, or a family member.

More questions now. Have you understood everything up to here?

11. Check three things which you should do if you're breast feeding and become uncomfortable when your milk comes in.

___a. wear a well-fitted bra.
___b. use ice bags.
___c. express milk by hand.
___d. take a hot shower.
___e. skip a feeding.

12. If you are bottle feeding but still produce milk, should you massage your breasts and apply heat to make them more comfortable?

_____ Yes _____ No

13. Is it common to be constipated soon after having your baby?

_____ Yes _____ No

14. Check on the list below things that would help constipation.

___a. a good diet with fruit, vegetables and fluids.
___b. don't hold back as you feel the need to have a BM.
___c. Laxatives if necessary.
___d. something to soften.
___e. an enema if necessary.

15. Answer True or False. It is abnormal and very serious if you become depressed after having your baby.

_____ True _____ False

Answers

11. If you checked a, c, and d you are correct. Remember that this discomfort will last only a few days, not the whole time you're nursing!

12. No, of course not. Well...you will feel more comfortable with this treatment, but it will keep you making more and more milk, which is why you're uncomfortable to begin with. It's better to hold your breasts as still as possible.

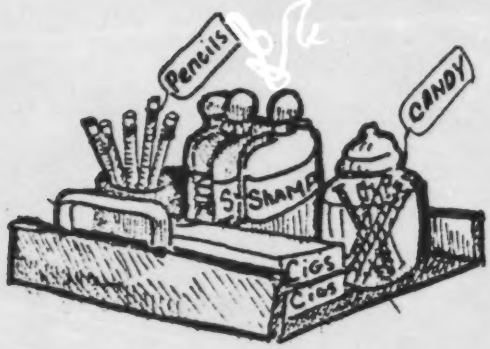
13. Yes, this is common. Loss of muscle tone and relaxation of your intestines make many women constipated at this time.

14. Did you check all five? If you did, you're correct. Good going!

15. This is False. It is perfectly normal for you to have periods of "blues" caused by the hormonal changes in your body; and by all the changes and responsibilities your baby will bring into your life.

What can you do in the hospital? There aren't many restrictions. You should be active without overdoing it. Exercise helps your body go back to normal, and strengthens you as well. Don't just lie around all the time. If you keep "on the go" the whole time, however, you'll know it the next day in a generally tired feeling and a sore bottom. Stop before you feel tired or sore. You can shower, wash your hair, walk around; there's not a great deal to do that will really tire you out. You can't go off the maternity floor, unless your baby is in the special care nursery. You might pick up germs to bring back to your baby. (The maternity floor isn't sterile -- no place is -- but this at least cuts down on the number of different germs brought in.)

Usually there is a TV in each private and semi-private room; and portable TV's can be brought into the wards. A volunteer or other person will come to see if you want the TV and to explain rental costs. Ordinarily, there can only be one set in a room because of the wiring. You can't bring a portable from home, in other words, unless you are in a ward and no one has rented one.



The volunteers have other services. At many hospitals, they come daily with a cart selling candy, cigarettes, writing materials, toilet articles, and magazines. They bring a library cart with books and magazines to loan. They might also take pictures in the nursery of your baby, if you wish. At Christmas they have a cart with gifts and wrappings so patients can do their shopping in the hospital. (They do other things as well; these are main ones you will usually come in contact with.)

You'll first see your baby on the maternity floor a few hours after birth. His temperature probably dropped several degrees in the short time it took to get him from the delivery room to the nursery, and he will be kept under a warmer until he's back to normal. He'll soon learn to adjust his own temperature, and will be brought out to get acquainted. His first feeding, usually four hours after birth, will be water and will be given in the nursery. This is to be sure he sucks, swallows, and digests properly. After that, you'll get to feed him. If you're bottle feeding, the nursery will feed him at certain hours and will ask before each other feeding to see if you want to feed him. (You may have visitors, or just want to rest; if so, they will feed him.) You'll probably want to have him most times, though. If you breast feed, he will be brought to you for each feeding except during the night. You will be asked if you want to feed him at night; if your milk hasn't come in, you may want to rest. A bottle every now and then won't hurt him.

If you wish, you might be able to have your baby in your room with you for several hours in the morning. This gives you a better chance to get to know him. He will have to go back to the nursery if you take a nap, leave the room, or have visitors other than Daddy.

The babies are brought out in their bassinets, which have clean diapers, soap, and other equipment for their care. It's to your advantage to practice feeding and changing your baby while you're in the hospital with someone to watch and help you. The nursery nurses not only care for the babies while they're in the nursery; they also teach you

how to care for your child. They will help you with feeding, changing, bathing, and other questions. Handle your baby, undress him, look at him to see how wonderful he is.

Ask Questions!

If your baby is in the special care nursery he may be on another floor. You will be able to visit him there. Ask your nurses to call and see when you can visit. It's good for even early babies to be handled, cuddled, and loved. The nurses in the special care nursery will tell you exactly how much is safe for him. The idea is to treat him as nearly as possible like any baby, but still give him the extra care he needs.

Soon after your baby's birth, you will be brought a sheet to fill out for your baby's birth certificate. You will probably receive a copy before you go home. If you haven't chosen a name, the hospital has booklets to help you choose.

It's a good idea to keep a pencil and paper handy to jot down any questions you have. Then when your doctor, the pediatrician, or the nurse comes in, you won't forget anything. Don't be afraid to ask. We may think it's all routine, but it's strange to you. You'll never learn without asking,

and we won't know what you need to know unless you ask.

When you leave, the floor secretary will give you an appointment to return for your checkup. Staff patients will have an appointment to the "combined clinic," where you and your baby will both be seen at once.

Private patients will see their regular doctors and will need to make separate appointments for the baby. Your doctor will tell you exactly what you can do when you go home. Generally, you can do anything you like as long as it's not very tiring. It's a good idea to get naps while your baby does, at least part of the time. Try to have someone to do your housework the first week or so. If you you can hire a maid, fine. If not, how about a relative or neighbor? People are usually willing to help, and just want to be asked. If you can't get help, just gradually start doing things. Don't worry about having your house spotless, doing a month's shopping, or catching up on the laundry, all at once.

At home, you should still take showers rather than tub baths for the first month, although you may want to take sitz baths (without soap or scrubbing--just enough hot water to soak your bottom) for comfort. Most doctors allow you to have sexual relations when you feel like it, which is

usually two or three weeks. Even though you can sit comfortable, your stitches will be a bit tender.

You're probably worried about getting your shape back--it'll be so nice to have a waist again! A physical therapist will show you some exercises to help you. If you have some extra weight to lose, ask to have a dietitian teach you how to eat to be healthy and lose weight at the same time. It's not true that you have to get bigger with each new baby!

You probably haven't thought about another baby yet! But most women don't want their children too close together, and this is a good time to think about birth control. A family planning nurse will help you choose which method will be best for you.

If you're taking your baby to a local pediatrician, a nurse from his office will visit to tell you how to care for your baby until the first office visit; how to make an appointment; how to get the doctor in an emergency; and anything else you may want to know.

The hospital pediatrician will visit soon after you deliver to tell you about your baby--usually, how perfect and healthy he is. If there is any problem with him, the doctor will talk with you right away. He won't try to hide anything from you. He will also visit before you go home to give you final instructions.

You can go home just about whenever you want. Many doctors suggest

you stay three or four days, but you can stay longer if you want. If you have help at home, you may want to leave sooner.

One more review now!

16. You should let the nursery nurses do everything for your baby, since they're more skillful.

_____ True _____ False

17. Pick out the things you should do at home.

___a. laundry for two weeks.
___b. care for your baby.
___c. spring cleaning.
___d. stock up on groceries.
___e. take naps.
___f. exercise by walking up and down stairs six times daily.
___g. light housework.

Answers

16. You know that is False, don't you? You need to practice caring for your baby now, while you have someone to answer your questions and help you. He's your baby, anyway, not the nursery's! Remember if he's in the special care nursery, you can still visit, and the nurses will show you how much you can handle him.

17. You should have picked out b, e, and g. Did you? Good!

If you have any questions which weren't answered by this booklet, be sure to ask your doctor or the nurses. Now take a moment to test yourself with the self-check on the next page. Compare your answers with those on page 20.

Self-Check

1. How soon can you get up after you've had your baby? What can you do while you're in the hospital?

2. Who can visit you in the hospital, and when?

3. True or False: You should not have any bleeding from your vagina after your baby is born.

4. Which of the following should you use for your stitches and hemorrhoids (if you have them)?

    a. Clean yourself carefully with moist wipes each time you change your pad. Wipe from front to back.
    b. There is nothing you can do if these are painful.
    c. Use an ice pack for the first few hours.
    d. Massage any painful areas to reduce discomfort.
    e. Use your heat lamp three times a day.
    f. Take warm sitz baths.
    g. Use special creams or suppositories for hemorrhoids.
    h. Use a pain-relieving spray.
    i. Take pain pills.
    j. Walk a lot to work out soreness.

5. True or False: These things will help if you are breast feeding and your breasts become over-full.

    a. Leave your bra off to relieve the pressure.
    b. Express some milk by hand.
    c. Take a hot shower to help relieve the swelling.

6. Should you do these same things if you're bottle feeding, but still have some milk?

7. Pick out the things which may help if you become constipated.

    a. Eating lots of fruit and vegetables.
    b. Drinking plenty of fluids.
    c. Don't let yourself have a BM as soon as you feel like it--let it build up.
    d. Eat as little as possible.
    e. Take a laxative.
    f. Take a drug to soften your stools.
    g. Drink very little.
    h. Use an enema if necessary.

8. How much should you care for your baby while you're in the hospital?

9. True or False: After you go home, you can do as much as you want. Having a baby is natural, and you don't need to rest up from it.

ANSWERS

1. You should have remembered that you can get up, with help, as soon as you like. After that, you can be up and about and do whatever you like, as long as you don't become overtired.

2. Generally, anyone can visit during visiting hours, unless the baby is in your room. Then only the father can visit, right?

3. This is false, of course. You will have a fairly heavy discharge at first, decreasing bit by bit until it stops in about two weeks.

4. A, C, E, F, G, H and I are correct. That's a long one--did you get it all? Good. Don't worry-if you're uncomfortable, tell the doctor or nurse, and they'll help choose what will make you most comfortable.

5. A is false--you will be more uncomfortable without a bra, as you need the support if you are tender. B and C are true. These things will keep you more comfortable until your body adjusts to the amount of milk your baby needs.

6. NO! Of course not. You should use ice packs and a tight bra or binder; and certainly not express any milk. Your aim here is to hold your breasts still and discourage them from producing more milk.

7. A, B, E, F and H are correct.

8. You should get all the practice you can and ask questions while you have the nursery nurses handy to help you. Right?

9. This is false, of course. Having a baby is normal, but it's also hard work! You need to take it easy for a while so you'll be healthy and able to enjoy your new baby.

If you need to review any sections of this booklet, go back now. Knowing these things will make your hospital stay more pleasant.

ENJOY YOUR BABY!

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GETTING BACK IN SHAPE

OR

POST PARTUM EXERCISES

by

Ann Hodges

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TITLE OF PACKAGE:	Getting Back in Shape or Post Partum Exercises
AUTHOR:	Ann Hodges
INSTITUTION:	Rex Hospital, Raleigh, N.C.
INTENDED STUDENTS:	New Mothers
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None
REVISED:	June 15, 1977

Note: This unit is written for in-hospital use under supervision. The exercises are intended to be performed in bed.

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You've joined the Motherhood Sorority through that most awe-inspiring miracle -- having a baby. Your muscles and joints are overstretched and weakened, but you soon will be using them to get in and out of bed, lift the baby, and do many chores that await you at home. Before you know it, the time will be here!

The best way to tone those muscles and joints up in the shortest time is by a well-planned exercise program. Such a program doesn't require great amounts of time and energy or a wide variety of tiring exercises.

You can get FAST, NOTICEABLE RESULTS with about 5 minutes overall DAILY PRACTICE of the exercises we've selected for this learning unit. With supervision, you will be able to list the reasons for exercising and the results you expect. You will demonstrate exercises to tilt your pelvis back to the position it was before you became pregnant and strengthen your abdominal muscles. Before you finish, you'll also check your skill at doing the exercises (in bed NOT ON THE FLOOR).

Did you ever stop to think that your stomach is a muscle? It needs daily doses of nutrition to stay healthy, just as other muscles in your body need daily doses of activity. Would you save all your meals for one week and then try to feed all 21 to your stomach at one time? Of course not. Nor should you feed your other muscles a week's exercise at one time. Either of the above might make you sick!

This packet is designed along the lines of a workbook you might borrow from the library - to read, to understand in principle (we hope), and then to question (we encourage) and to practice WITH OUR SUPERVISION before returning it to us.

Your first question should be "Why should I return the packet instead of taking it home with me to remind me to continue the exercises properly?"

We plan to go over the exercises with you often enough during your stay in the hospital so that you will know exactly how to perform. You should not need a packet or a book or a list to remind you. What would happen if you lost it? Would you be able to perform without reading? We sincerely hope you will. It's like the first time you fixed scrambled eggs.....you might have needed a cookbook the first time for directions. But if you need that cookbook the second or third time, I surely wouldn't want to try to eat that second or third batch of eggs! These exercises are just that simple!

When you have a chance to view yourself in a full-length mirror, poured into your pre-pregnancy wardrobe, you may wonder whether you'll ever feel like going outdoors in clothes other than slacks and over-blouses for camouflage!

That bulging tummy is partly a result of the muscles that were stretched on your path to join the Motherhood Sorority. For vanity's sake as well as getting back into condition and avoiding back pain or strain, begin these simple exercises. PERFORM THEM DAILY, but never to the point of fatigue or strain.

PRACTICE CYCLE #1

The most important thing you can do, now that your baby is no longer stretching your stomach muscles and causing you to arch your back, is learn to tilt your pelvis again to its pre-pregnancy state and begin to strengthen those over-stretched abdominal muscles.

While learning to tilt the pelvis, you can also strengthen the muscles of the pelvic floor and birth canal.

To begin, get into a comfortable position on your back and RELAX. Please put the pillow under your knees instead of under your head.

PRACTICE: (1) Squeeze your buttocks together slowly.

(2) Tighten the muscles at the bottom of your pelvis as though trying to prevent urinating or trying to check a bowel movement.

(3) Pull the lower abdominal muscles up and in.

(4) Flatten the lower back against the bed.

(5) Hold this position while breathing in and out 3-4 times slowly and evenly.

(6) RELAX slowly.

POINTS TO REMEMBER:

Tilting should be done slowly and deliberately

Normal breathing pattern should be maintained

Breathing should be done without bulging the abdomen

Buttocks should be relaxed slowly and completely so that stitches should not feel pulled apart

PRACTICE AGAIN with your hands lightly resting on buttocks and abdomen ----

Squeeze buttocks

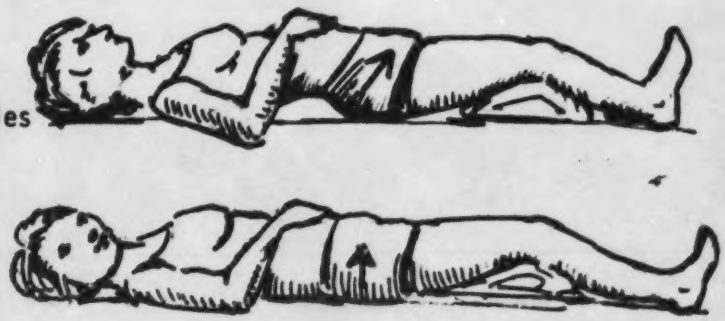
Tighten pelvic floor

Pull lower abdominal muscles

Flatten lower back

Hold position

Relax.



Now, let's see how well you perform.

1. Do you have questions?

2. Did you feel uncomfortable?

If you relax too quickly, the pull of the buttocks will make you feel as though your stitches are being pulled apart.

REMEMBER TO RELAX SLOWLY AND COMPLETELY.

3. Can you breathe in and out slowly without feeling your abdominal wall bulge in and out?

Your breathing should be at the diaphragm level, just at the lower edge of your rib cage.

Letting your abdomen balloon in and out with breathing will continue to stretch these weakened muscles. Try to hold the abdomen flat while breathing in and out.

If you feel a little uncertain or a little umcomfortable while doing this, let's try again.

PRACTICE CYCLE #2

Now that you can perform the first exercise comfortably, you are ready to strengthen the abdominal muscles further and at the same time improve the circulation and strength in your legs.

Throughout your pregnancy, you have had to get into positions that stretch the hips and thighs.

OUTSTRETCHED MUSCLES ARE NOT ONLY WEAKER, THEY TEND TO BE FLABBY!!!

Now that you can tilt your pelvis and hold your lower abdomen flat, you are ready to add the weight of your leg to the exercise.

PRACTICE:
(1) Cross ankles slowly, then relax.
(2) With ankles crossed, point toes downward as though standing on tiptoe and HOLD
(3) Squeeze knees together and HOLD
(4) Tighten buttocks and lower abdomen and HOLD
(5) Hold this position while breathing in and out slowly 3-4 times
(6) Relax slowly -- first buttocks, then knees, then ankles
(7) Uncross ankles and cross the other way WITHOUT LETTING ABDOMEN BULGE
(8) Repeat entire exercise (steps 2-8) three times each way

POINTS TO REMEMBER:

Move slowly and deliberately

Keep breathing at diaphragm (lower edge of rib cage) level rather than bulging abdominal wall

Buttocks should be tightened and relaxed slowly. This slight friction around stitches actually tends to promote increased circulation in the area of the lower vaginal opening and quicker healing.

PRACTICE AGAIN and don't let that belly bulge!!!

Cross ankles

Point toes

Squeeze knees

Tighten buttocks

Hold position

Relax.....

Uncross ankles

Repeat.

Again, let's see how well you perform.

4. Can you feel comfortable doing this exercise?

5. Can you feel the thigh muscles tightening as you squeeze your knees together?

6. Can you cross your ankles slowly without bulge in your abdomen? If not, go back to Practice Cycle #1 and do only that for a while. The more you do that first exercise during the day, the faster your strength will return. Try that pelvic tilt in all positions -- sitting, standing, brushing your teeth, talking on the phone, feeding the baby, etc.

If you feel you can do this exercise correctly, show me once more and you might be ready for the last exercise.

If you need more practice, we'll try again tomorrow.

PRACTICE CYCLE #3

To increase strength of the abdominal muscles even further, we can add weight to the last exercise and make the muscles work harder.

This one is almost like exercise #2 with a 'baby' curl-up added.

You will not be asked to do situps. They are not necessary for good results from your strengthening.

These three exercises done DAILY are the only ones you will need to get and keep your strength and figure.

Just think ----- they won't take as much time out of your busy daily schedule as you will spend brushing your teeth and washing your face!!!!!

PRACTICE: (1) Cross your ankles and roll head and shoulders up from the bed SLOWLY, just far enough for shoulder blades to clear the mattress

(2) Reach toward the knees with the hands

(3) "Uncurl" shoulders and neck slowly and RELAX

(4) Attempt to hold the maximum point of head lift while breathing in and out 3-4 times.

(5) Repeat exercise 3 times with ankles crossed each way

POINTS TO REMEMBER:

As with the other two exercises, move slowly and deliberately

Keep breathing at diaphragm level rather than bulging abdominal wall

Relax slowly and completely

Don't try to do a sit up! Just lifting the weight of your head from the pillow adds enough weight to make you use the abdominal muscles good and hard! Clearing the shoulder blades from the mattress will shorten the abdominals as much as they will ever need shortening and make them as strong as they need to be ------probably stronger than they have been since you were an active teen-ager!

Show me how to do this last exercise correctly, please.

7. Are you comfortable performing all three exercises now?
8. Can you demonstrate your ability to move your legs or your head without letting your belly bulge?
9. Can you feel any difference in your performance since first starting this program?
10. Are you willing to use this much time to get your pre-natal shape back?
11. Were the instructions easy to follow?

Remember, you'll
need to set aside
5 MINUTES DAILY
for your exercises.

POST TEST

(Circle T or F for correct answer to the following questions:)

T F 1. Post partum exercises can assist the new mother reshape her figure to prenatal proportions in a relatively short period of time.

T F 2. Post partum exercises require much effort, equipment, time.

T F 3. Post partum exercises need to be done only once or twice a week.

T F 4. A wide variety of exercises is not necessary for noticeable results.

T F 5. Diaphragmatic (lower edge of rib cage) and abdominal breathing are performed the same way.

T F 6. Abdominal strengthening with curl up should not be done if abdomen bulges.

(Answer by checking appropriate yes or no box.)

7. Are you able to perform: 1) effective pelvic tilt? ____yes ____no; 2) diaphragmatic breathing? ____yes ____no; 3) abdominal strengthening? ____yes ____no.

8. Do you feel confident in performing these three exercises? 1) ____yes ____no; 2) ____yes ____no; 3) ____yes ____no.

9. Are you willing to list suggestions to improve this program? ____yes ____no. If so, list below:

10. How would you describe your participation in this program?

_____ time wasted	_____ too uncomfortable
_____ eager	_____ too busy
_____ too tired	_____ not interested
_____ willing to learn	_____ interested in results

POST-TEST ANSWER KEY

1. T
2. F
3. F
4. T
5. F
6. F

7 - 8. The author hopes you answered "yes" to these questions.

9 - 10. Any suggestions and comments you list will be considered when the author revises the unit.

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POST PARTUM INTERVIEW

by

Caro Van Stryk

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TITLE:	Post Partum Interview
AUTHOR:	Caro Van Stryk
INSTITUTION:	Los Angeles City College Los Angeles, Calif.
INTENDED STUDENTS:	Nursing
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None

NOTE: Some understanding of interviewing and role-playing is prerequisite to effective use of this unit.

FIELD TEST COPY

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INTRODUCTION

It is important that you know how to conduct a post partum interview. All new mothers have a need to relive the delivery experience in order to integrate it fully with reality. The need is so great that most mothers relate and share their experiences repeatedly with other patients, family members, and subsequently with neighbors and acquaintances. We have all seen women with unresolved problems about their delivery, years later, relating their experience with great bitterness and anger as though it had just happened yesterday. At this point in time it is frequently difficult to go back and find out the facts so that unanswered questions can be answered and laid to rest.

It is the responsibility of the professional in obstetrics to routinely carry out the post partum interview at the prescribed time and carry out therapeutic interviewing techniques. Advanced obstetrical units are making this interview a basic part of the nursing care plan.

OBJECTIVES OF UNIT

Pre-requisite: Some understanding of and practice in interviewing and role-playing.

Overall Objective

You will conduct successfully a simulated post partum interview about the patient's labor experience.

Sub-Objectives

- Given a list of definitions, select the correct definition of an interview
- Describe the role of the interviewer
- Identify the ideal time for the post partum interview
- Given a list of the purposes of the post partum interview, select the most basic and underlying purpose
- Identify the main elements to be covered in the post partum interview.

PRACTICE EXERCISE #1

An interview is a goal-directed conversation. You must have certain objectives in mind when you plan and begin the interview. It may be fairly structured or unstructured, depending on what you wish to accomplish.

If you are dealing primarily with patient's feelings and developing insight, you keep the interview unstructured and take your cues from what the patient is telling you. But structured or unstructured, keep the conversation gently directed toward your goals.

1. Now, let's see if you understand the above definition. State in your own words, what is meant by an interview.

Feedback

Your understanding is good if you indicate that an interview is goal directed conversation or that there are planned outcomes, or conversation is directed to accomplish certain objectives or a plan. Remember that you follow the patient's cues and input. You gently pick up on material that appears significant, emotionally loaded, or has feeling content. Low level leads, bridging, mild focusing, restatement, etc are used to help the patient identify and express feelings.

PRACTICE EXERCISE #2

To be a Good Interviewer

- Be a good listener
- Maintain silence when indicated
- Use open-ended questions and low-level leads
- Maintain objectivity and never make evaluative-judgmental responses
- Be empathetic and supportive
- Never argue, disagree, or become defensive with the patient
- Plan the goals of the particular interview and attempt to keep the conversation moving towards the attainment of those goals
- Be flexible and sensitive to the patient's needs and anxiety level which may indicate the manner and rapidity with which the goals may be achieved
- Don't give advice or tell your own experiences

2a. Cover the top of this page and list six ways you can become a good interviewer.

b. Now let's look at a real-life drama that emphasizes the importance of your new post-partum interview role.

During the post-partum interview, the patient became tense and angry. With flashing eyes she described how her baby's delivery suddenly occurred with such rapidity that she was bearing down uncontrollably. The doctor slapped her thighs and yelled repeatedly at her to stop pushing down. With tears coming into her eyes, she asked the nurse why the doctor did that when she couldn't control herself from bearing down. She stated, "I hate him and I'll never go to him again." What a dilemma for a diplomatic nurse to be in! How do you think she should have answered?

a. "Don't be too hard on your doctor. He's trying to control the delivery of the baby's head so there won't be any brain damage."

b. "That must have been a very difficult experience for you and I can understand why you are so upset."

c. "You have every right to be upset. Perhaps I should talk this over with your doctor and tell him how you feel. I'm sure he'll want to apologize."

d. "My goodness, you <u>are</u> upset. Try and calm down. It's all in the past now. You must concentrate on getting back your strength and taking care of your baby."

2a. Any six of these are fine: Be a good listener; maintain silence when indicated; use open-ended questions and other low-level leads; maintain objectivity and never make evaluative-judgmental responses; be empathetic and supportive; never argue, disagree or become defensive with the patient; plan goals; be flexible; don't give advice.

2b. In the above question, if you chose response (a.) you were not quite on target. Don't feel badly as there is one good element which can be used later on in the interview. That element is an objective explanation of what the doctor was trying to accomplish. However it needs to be approached differently. In response (a.) the nurse is taking a defensive attitude and trying to give an explanation to a patient whose anxiety level is too high to take anymore input. It is ignoring the patient's need to express her feelings and anger and have these expressions understood and accepted by the nurse.

You are so right! Response (b.) is correct because the nurse is expressing an empathetic and understanding attitude. She is absorbing the patient's emotion and anger without reacting or reflecting it towards the patient, thus allowing the patient's anxiety level to come down. This paves the way for a later objective explanation of why the doctor lost his cool in a tense situation. You do not excuse his behavior, however.

Response (c.) illustrates both the evaluative-judgemental response and the busy-body problem solver who takes over from the patient and makes all the decisions.

Response (d.) illustrates a hostile response where the patient's needs go unrecognized. The nurse is denying the patient the right to have and express feelings. A very untherapeutic response.

<u>Feedback</u>

If you had difficulty with the practice question, the following references may be helpful.

- D. Maurice H. Greenhill's article INTERVIEWING WITH A PURPOSE, A.J.N. Oct. 1956, Vol. 56, No. 10.

- Concept Media Audio film strip series (5) on INTERVIEWING beginning with <u>Nurse-Patient Interaction</u>.

PRACTICE EXERCISE #3

Often when the patient gets to the recovery room, after the delivery she forgets her pain, frustration, fears and fatigue. She is almost in a state of euphoria; she's so happy the delivery is over and she and the baby are fine. She wants to chatter to her husband or the nurse, and this is allowed for 5 to 10 minutes until she can calm down and get some rest. This is no time for an interview. The following day, after she is completely rested, is the time for the interview. She's no longer euphoric and memories come flooding back. It is hard for her to realize the baby is now a separate entity and she has many unanswered questions and unexpressed feelings.

3. Identify the ideal time for the post partum interview. Write your answer on the answer sheet.

Feedback

Yes, you're right. The best time for the post partum interview <u>is</u> the following day after she is rested and she is ready to spend time reliving the experience, exploring her feelings and pursuing answers to her questions. Her need to re-orient herself to recent happenings, to the end of the symbiotic experience, and organize herself to begin taking on the responsibilities for baby care is extreme. She can't adequately get through the taking-in phase and start the taking-hold phase without this experience.

PRACTICE EXERCISE #4

The basic purpose of the post-partum interview is the mother's need to relive the delivery experience in order to integrate it fully with reality during the "taking in" phase. This reorientation to reality is necessary for her to be able to fulfill a variety of needs that help move her through the "taking-in" phase more rapidly and enable her to enter the next "taking-hold" phase. Other purposes springing from the basic purpose are:

- surfacing and expression of feelings
- Identification of her expectations and exploring how well these were met.
- validation that she performed well
- re-establishment of her self-image
- Identification of feelings towards future pregnancy
- adjustment to the baby as a separate entity

4. a From the above list of purposes for the post partum interview, can you identify the one underlying most basic purpose? Please write your statement on the answer sheet.

b Which of the following statements by the patient most nearly relates to the basic purpose:

1) "Things happened so rapidly, I really don't know what they did to me. Nothing seems real."

2) "Why did they have to use forceps for my baby?"

3) "I'm so upset over the way the doctor treated me."

4) "I'm afraid I was terrible in the labor room. I kept screaming with my pains."

Feedback

a. Yes, the most basic purpose of the post partum interview is for the mother to relive her experiences and reorient her to reality.

b. The statement made by the patient which most nearly relates to the basic purpose is #1 This statement indicates a need for information to fill in gaps in memory and of information. She is expressing some confusion as to events and a sense of unreality. The others are expressing real needs that can't be ignored, some which may stem from the most basic need.

PRACTICE EXERCISE #5

The main elements to be covered in the interview are logically related to the purposes of the interview discussed on Page 7--review these if you're not sure you remember. Obviously problem areas are going to vary with individual patients and so will the time spent on those areas during the interview. But an effort should be made to cover all bases so no opportunities are missed for the patient to identify and discuss even minor problem areas.

5. After reading the following situation, please identify the main elements to be covered in your interview.

> Mrs. Frantic, a 16-year old primipara had attempted Lamaze with her husband. Because of delayed progress, the doctors had prescribed I.V. pietocin drip which stimulated severe contractions. She was unable to cope with the added pain and her husband was ineffective in getting her to maintain proper breathing techniques. She frequently cried out in fear, necessitating repeated administration of tranquillizers, sedatives and demeral. Anxiety level was severe to panic and she was frequently unable to comprehend what was going on or why. She screamed, "This isn't at all like the Lamaze teacher described!" Eventually she delivered a sleepy male infant with an Apgar of 7 who needed resuscitation. Mrs. Frantic wept with joy and apologized for her behavior.

Please write the elements to be covered with Mrs. Frantic on the answer sheet.

I'm sure you were able to identify most of the elements your interview will cover to help with Mrs. Frantic's unresolved problem areas.

- Get the patient's description - relive the experience.
- Get at the feeling content - help her to express her feelings.
- Help her lower her anxiety level so she can handle input.
- What were her expectations? - how did she feel they were met? unmet?
- Correct wrong impressions, fill in gaps in memory, give necessary explanations.
- Reassure her as to her performance. If the patient was obviously frightened and out of control, it is necessary to explore reasons for fear and the physiological and psychological effects of fear. If she understands her "bad" behavior was the result of a fear syndrome and no one blames her for this, realizing it wasn't "she," we can bolster her self-image.

POST-TEST

Situation

A post-partum interview about Mrs. Naturella's labor experience was being planned. Mrs. Naturella, a 25-year-old primipara, had attempted a LaMaze childbirth experience with her husband. They had very positive and definite expectations regarding their shared labor and delivery experience. Mrs. Naturella had prolonged and severe back pain during her active and transitional phases of labor due to a persistent occipital posterior position of the fetal head. She was unable to rotate the head during a prolonged second stage of labor and the doctor elected to deliver the baby with rotation and outlet forceps and Saddle Block anesthesia. Mrs. Naturella had expressed some disappointment in the recovery room and you are now interviewing her one day later after she has had some rest.

Please answer the following questions on your answer sheet.

1. According to the definition given in this packet, an interview is:

   a. interaction between a professional and the interviewee
   b. a goal-directed conversation
   c. social conversation
   d. the communication process between two individuals

2. Briefly describe your role as an interviewer (including at least six things you would do).

3. The ideal time to approach Mrs. Naturella for her post-partum interview is:

   a. in the delivery room immediately following the delivery
   b. after she has had an hour's rest in the recovery room
   c. the first post-partum day after she is completely rested
   d. the third post-partum day or the morning she is discharged from the hospital
   e. when she has her 6-weeks post-partum checkup

4. From the following correct list of purposes for the post-partum interview, select the one most basic and underlying purpose.

   a. Aids in her adjustment to the fact that her symbiotic relationship with her infant is over
   b. Helps reestablish her self-image and self-esteem.
   c. Aids in helping her pass successfully through the taking-in phase
   d. To relive the delivery experience in order to integrate it fully with reality

5. Identify and list at least four main elements to be covered in the post-partum interview.

6. From the situation above, list Mrs. Naturella's most common areas of concern or problem areas.

ANSWERS TO POST-TEST

1. b.

2. Plan your goals; be a good listener; maintain silence when indicated; use open-ended questions and other low-level leads; maintain objectivity and never make evaluative-judgmental responses; be empathetic and supportive; never argue, disagree or become defensive with the patient; don't give advice; be flexible.

3. c.

4. d.

5. - Relive her experiences and reorient to reality.

   - What were her expectations for labor and delivery and how well were they met.
   - Express her feelings, both negative and positive, regarding her labor experience.
   - Attempt to identify her own evaluation of her performance in labor and delivery.
   - Help her re-establish her own self-image.
   - Identify her feelings regarding possible future pregnancy.

6. - Opportunity to relive the experiences of labor and delivery.
   - Verification of impressions and gaps in her memory.
   - Obtain information to satisfy her curiosity as to what and why.
   - Reassurance she performed well.

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